SURVEY

MIDMONTHLY

NOVEMBER 1945

FROM VETERAN TO CIVILIAN

A Special Section by BRADLEY BUELL AND REGINALD ROBINSON

VOTE OF CONFIDENCE FOR SOCIAL WORK

Jack Yeaman Bryan

COMMUNITY LIFE ON A SOUTH SEA ISLE

William J. Plunkert

PUBLISHED BY
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TURN TO PAGE 301

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FROM VETERAN TO CIVILIAN
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SURVEY MIDMONTHLY

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From distances as far as Tulsa, St. Louis, and St. Paul, members of *Survey Midmonthly's* Editorial Advisory Committee assembled in New York on October 5 for an all day discussion of articles and issues that would keep the "Mid" on its editorial toes in the coming months. From every quarter—health, public welfare, casework, recreation, community organization—ideas came thick and fast. At the day's end, our editorial heads were buzzing with an undercurrent of sober recognition of impending changes, the adequate interpretation of which will challenge the best of our ability.

Consensus was that we are now in a momentary lull between two storms. War pressures are fading fast. The pattern of peacetime pressures is not yet clear. Trends in employment, demobilization, migration, tax policies, chest income are still in a twilight zone, impossible to read with surety. But all agreed that this hiatus is not for long.

Subject to change without notice, top priorities for editorial attention included impact on local services of returning veterans, unemployment, and the liquidation of federal subsidies and services; transition to peacetime activity of labor's war-created organizations and of many newly interested volunteers; moves toward reorganization and consolidation in both public and private services and at all three levels—national, state, and local.

Shortages of trained personnel is the most acute immediate problem in every field. Little, if any, relief is in sight. Casework and mental hygiene services will be in the worst spot as new problems of veterans and their families add to current demands.

New chairman of the committee is Bent Taylor, public relations director of Community Chests and Councils, whose skill in turning year-round chest publicity to good account in the broad interpretation of all social work, both public and private, is a hopeful sign on the public relations horizon.

New members elected to the committee (see *Survey Midmonthly* February 1944) were: Sallie Bright, National Publicity Council; Dr. Ira S. Hiscock, School of Medicine, Yale University; Charles Brightbill, Recreation Division, OCWS; Helen M. Alvord, Greenwich (Conn.) Community Chest and Councils; George S. Stevenson, National Committee for Mental Hygiene; Frank Hertle, Family Welfare Association of America; Douglas H. MacNeil, New Jersey Department of Institutions and Agencies; James B. Bamford, Reading and Berks County (Pa.) Community Chest; Dr. Joseph W. Mountin, U. S. Public Health Service.

Minor note. Evidence of hotel shortages was offered freely. Out of town members strongly advise social workers to keep out of New York.

SUBTLE

Thinking to take a whirl at "therapy" ourselves this month, we have carefully given lead place to Jack Bryan's article, "Vote of Confidence for Social Work." Purpose: to dispel unloved, unwanted, and inferior feelings among social work readers. Our hope is that this will release vast stores of energy to go into the big job for the home towns' social services, as outlined in the special section "From Veteran to Civilian" by Bradley Buell and Reginald Robinson.

ANY OBJECTIONS?

After considerable research by Commissioner Robert T. Lansdale, New York's State Association of Public Welfare Officials is staking out a claim to the title of the oldest public welfare association in the country—indeed to the oldest welfare conference of any kind which can look back upon a continuous and uninterrupted existence. The first meeting of "State Commissioners of the County Superintendents of the Poor" was held July 12, 1871, in Syracuse. Under its modern title, New York's present day county and city welfare commissioners and their top staffs convened in Albany on November 9 for the association's seventy-fifth annual session. Current president of the association is Richard T. Gilmartin, public welfare commissioner of Suffolk County.

BACK HOME

Honorably discharged from the service in July, Bill Plunkert was attached to the Naval Military Government on Angaur Island in the Palaus when he wrote Mrs. Bill the one hundred and fifty letters on which "Community Organization on a South Sea Isle" (p. 287) is based. Bill vacationed in the high Sierras, getting ready to go back to social work—this time, on his own, and in the U.S.A.

Also recently discharged from service: Major William Kirk, formerly executive of the family service agency in Kansas City, Mo., and Lieutenant Robert M. Heininger, USNR, formerly director of program services, national USO.

CHATTER

At least three plans for the reorganization of federal services along the lines proposed by Leonard Mayo in the August *Midmonthly* are said to be on President Truman's desk. However, the bill giving the President authority to consolidate federal services, specifically prohibits the creation of any new cabinet post.

Discontinuance of the National War Fund is causing financial worries for foreign relief organizations, where programs are to continue through 1946 or longer.

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Some would like to combine for campaign purposes. . . . CIO War Relief Committee has changed its name to "National CIO Community Services Committee." Its publication, *CIO War Relief News*, will now be known as *Citizen CIO*. . . . The Rockefeller Foundation has created a new "Division of Social Medicine," with Dr. John Grant as director. . . . The National Conference of Social Work will meet in Buffalo, May 19-25.

The National YWCA reports 300 unfilled executive and staff vacancies in local associations over the country. . . . Girl Scouts have 200—one third for jobs newly created since 1939. . . . American War Community Services hopes to continue on a peacetime basis.

BIG MONEY

Biggest local fund raising campaign for health and welfare purposes ever conducted in the United States (or anywhere else, no doubt) is under full steam in New York City. Conducted by the Federation of Jewish Philanthropies, it has a goal of $30,000,000. Of this amount, $21,000,000 will go for capital improvement and expansion; $9,000,000 for the current operating expenses of the 116 member agencies of the federation.

YELLOW JOURNALISM

Apropos of last month's health number, the following is from Dr. Philip S. Platt, chief architect of the now famous Gunn-Platt report. "I think it's swell! My first glance at the color made me suspect yellow journalism. On further thought I realize that it is the golden sunshine of hope that you are offering your readers. . . . I hope Paul Feiss' glass windows are still intact."

GRAPHIC CONTENTS

The November *Survey Graphic* offers a choice of articles of more than passing interest to *Survey Midmonthly* readers. Among those with a social work background are "A National Personnel Department," by John J. Corson, "Babies on the Doorstep," by Michael M. Davis, and "California's Health Insurance Drama," by Geraldine Sartain, while the following are more general in content: "Our Endless Frontier," by James T. Shotwell, "New Boundaries of Collective Bargaining," by Herbert Harris, "Four Horsemen over Germany," by Paul Hagen, and "Amphibious Medicine," by Endre K. Brunner.

GOOD INVESTMENT

First beneficiary of the National Health and Welfare Retirement Association was the daughter of a maintenance worker in St. Vincent's Hospital, Erie, Pa. A premium of $1305.53 was paid on account of her father's death—seven days after his own first payment of $3.25. Sixty-five community chests have joined the association on behalf of their member agencies. Twenty more will come in after January 1, 1946.

DECEMBER 7

Believe it or not, that's the date on which the members of the National Social Work Council will vote on a proposed reorganization plan. Central question is whether the council shall continue as a discussion group or undertake an operating program. Tentative proposals include a budget of between $75,000 and $100,000.

PRICE CONTROL?

Forgotten men in price control discussion are the recipients of old age assistance, aid to dependent children, and the public welfare families. American Public Welfare Association points out that a 15 to 30 percent increase in prices will automatically wipe out most of the wartime gains in liberalizing grants.

ON TO LONDON

Organization of the poll of public opinion on social work was one of Jack Bryan's last big jobs as public relations director of the welfare federation of Cleveland. Early in September he took off for London to do public information for UNRRA there. By the way, his article "The People Speak," written in collaboration with Kenneth P. Clarke for the September issue of *Channels*, will interest readers who want to get technical about how to conduct an opinion poll.

VETERAN ARTIST

To the War Veterans Art Center, a fine going concern sponsored by New York's Museum of Modern Art, our thanks for introducing us to Marshall Davis, whose humorous sensitive personality sketches appear in Part III of the special section. Lately of the 314th Combat Engineers, Mr. Davis is now sketch man for Young & Rubicam.

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Vote of Confidence for Social Work

Some pretty gloomy predictions were upset when returns rolled in from Cleveland's Welfare Federation poll of opinion on social work.

JACK YEAMAN BRYAN

Do you know what the public thinks about social workers? Most Cleveland leaders in welfare service, when questioned this summer, imagined they did know—and their guesses were none too flattering to the profession. When we tabulated the results from the welfare federation's poll of the general population, however, we discovered that the experts were amazingly and delightfully wrong.

The original proposal to conduct a poll carried with it the idea that, for the sake of economy, we might confine our inquiries to twenty-five or thirty creators of public opinion and leaders in the welfare field. In other words, the supposition was that we could get a sufficient knowledge of public opinion from people who, being closest to agency practice, are presumably well-informed about public attitudes toward it.

In Good Standing

Experience has proved, however, that the best way to find out the age of a horse is not to ask the jockey but to examine the horse's teeth and get the truth straight from the horse's mouth. Regarding what the public thinks, no one could be anything like so authoritative as the public itself. This conclusion was forced upon us when we took the answers to one question in our poll of public opinion and matched these against the guesses of the experts as to how the answers would turn out.

The schedule used for the poll concluded with this question: "Would you mind telling me your idea of a social worker?" Our inquiry to thirty prominent Clevelanders then asked what percent of the respondents could be expected to show an unfavorable attitude in replying to this question. The average of their guesses was that 41 percent would be unfavorable. Tabulation of the answers on the poll, however, showed only 9 percent which could in any way be interpreted as unfavorable. Two thirds of these answers also included some favorable elements. They were the kind of answers which said, "On the one hand—on the other hand. . ." In other words, only 3 percent were outright unfavorable.

The thirty experts included the editors of the three metropolitan dailies, the officers of the welfare federation and the various councils, and several agency executives and board members. Such people frequently speak with some confidence about public disapproval of social workers. Theoretically, they *should* know, but they did not.

It's the squeaky wheel we listen to, and so the squeaky wheel gets the grease. The experts had heard much from the squeakers—so much that it deafened them to the voices of others. Another thing is that board members, and prominent people generally, when they complain about social workers being too impractical or too radical, may be speaking less from their knowledge of social work as affects human beings than from their own biases in favor of exceptional conservatism and practicality. Their spokesmen are more apt to be in touch with the prominent than with the public. Furthermore, they tend to be less acquainted with the practitioners of social work than with agency executives.

On the other side of the picture, 68 percent of Greater Cleveland families have received some form of personal service from welfare agencies, if clearance of draftee records for induction centers gives a sound criterion to judge by. Thus a substantial proportion of the *un*prominent people in this area know social work by what has been done in their own homes or for their friends, rather than by what is said in meetings. The difference between the results on the inquiry to the prominent, as against those on the poll of the public, must have reflected this.

How It Was Done

The poll was conducted according to a method worked out by a national polling agency which has been unusually successful in predicting the outcome of Presidential elections. This method was chosen because we wanted our results to be based on so well known and reliable a method that they would be accepted without question.

The leg-work was done in May on a voluntary basis by twenty-eight graduate students in applied social science from Western Reserve University. They were trained for the job under the volunteer guidance of the supervisor for northern Ohio in the national polling agency whose methods we adopted. Each student conducted twenty-five interviews for a total of 700. The interviews were carefully distributed throughout all of Greater Cleveland, but were limited to adult women because the census proportions of men have been much upset by the war and because women usually govern the welfare decisions in each household. The basic economic levels were reached according to their actual proportions in the general population, and the same applied to the adult age levels.

The schedule used by the interviewers consisted of eighteen closely related questions worked out by a committee consisting largely of representatives from the fields of casework, group work, health, and children's services. The questions at the beginning were general, but were of a kind that would uncover basic attitudes on which many future judgments about welfare service must rest.

Door-Openers

The first question asked, "Do you think there will be a depression after the war?" This was a good door-opener because in May everyone was concerned about postwar issues and seemed eager to discuss them. Furthermore, any estimate of future needs for social and health service must certainly hinge in part upon broad economic considerations. Our results showed 66 percent believing a postwar depression to be on the way. Nearly half of these thought the depression would be of serious proportions. The bearing which these results may have on future planning was so self-evident that they made a page-one, column-one story in the Sunday *Plain Dealer*. This was followed the next day by features in two metropolitan dailies on what to do about the situation.

The second question pointed toward something a little more specific. It asked: "Taking everything into consideration, do you think that people are better off or worse off today than they were before the war?" Fifty-six percent answered, "Better off," evidently with economic advantages in mind, a limitation which was emphasized by the returns on the third question. When asked, "Do you think family problems have increased because of the war?" 83 percent responded in the affirmative. Most of those interviewed gave more than one reason for the increase, the most popular reasons being broken homes (mentioned by 47 percent),

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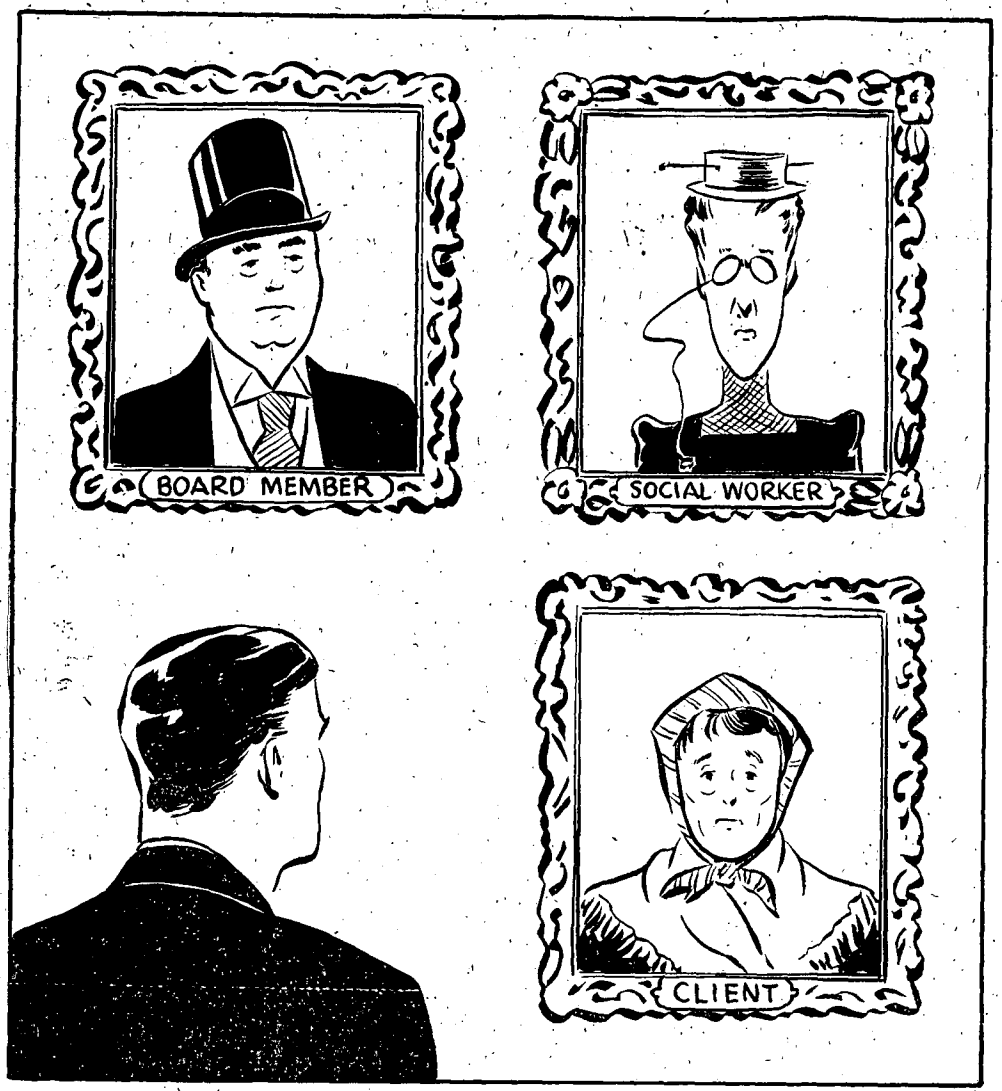

Courtesy *Community*

Three Portraits—True or False?

employment of women (23 percent), neglect of children (17 percent), and moral laxity (15 percent).

Radio Advice Voted Down

By the time these door-openers were answered, the respondents were well prepared to consider questions about services designed to benefit the family and the community generally. All questions thereafter were as specific and as close to current public interest as we could make them. They dealt with the problems of servicemen's families, unmarried mothers, family quarrels, old age assistance, institutional casework, neighborhood recreation, prenatal care, and home nursing. The answers on eight of these proved especially valuable.

One of the questions presented this problem: "Suppose you know a couple whose quarreling is so serious that it is affecting their children. Where do you think they could get help?" A card was distributed listing twelve possible answers, such as doctor, pastor, lawyer, social worker, Mr. Anthony, psychiatrist, and so on. They were asked to number the items on the list according to their order of preference. Pastors and welfare workers led first choices with 30 percent each. Thus the results demonstrated the need for very close cooperation between the churches and the social agencies. The subsequent publicity, therefore, included statements to this effect from a prominent minister and priest as well as from executives in family service. On this and on the succeeding question also, which was of a similar nature, Mr. Anthony was the first choice of less than 2 percent, while an equal proportion took time out to make adverse comments about including his name at all within the list of choices.

Social Work for All

We faced one of our fundamental problems in the question, "Do you think social work is for poor people only or for all sorts of people, including those who can pay for service?" Seventy-five percent said, "For everybody." This opinion was especially firm in the middle and lower income brackets, while not quite two thirds of those in the top economic level gave that answer. Thus something very important has happened since 1930. The picture of the social worker as a hireling carrying a basket for Lady Bountiful is evidently very much on the wane.

The reassurance these answers gave us was further affirmed, though with less vigor, by the answers to the next question. This asked, "Under what conditions would *you* seek help from a social worker?" Nothing was said to indicate the types of welfare service available; the answers were entirely spontaneous. Sixty-three percent named conditions under which they thought social work service would be useful to them. There were only 17 percent who said they would not seek help under any circumstances, but an additional 20 percent answered, "Don't know," or said they could not imagine any such conditions. The types of services most frequently mentioned were financial assistance (18 percent), and family problems other than financial (25 percent). Personal guidance was named by only 3 percent. Interestingly enough, of the 116 people who said they would not go to a social worker under any circumstances, seventy-eight, or two thirds, had answered the previous question by saying that social work is for everybody, including those who can pay for service.

Shift in Public Attitudes

A marked change in public attitudes since the start of the depression was also reflected in answers to the question, "When people are unemployed because there is no work for them how do you think they should be supported?" Again all the answers were spontaneous. Government responsibility for at least a share in handling this problem was specified by 73 percent. Only 14 percent pinned the burden on private philanthropy. This indicates a drastic shift in public attitudes toward a conviction that problems created by far-reaching economic changes should be handled on a national scale. Some form of work relief, too, was much preferred over a mere dole. Public thinking about such issues has certainly become far broader than it was fifteen years ago, and this constitutes a strong encouragement to agencies to pursue the same trend.

One of the most interesting and useful questions of all asked, "If you had $15 to use for the following services, how would you divide it among them?" The list of choices included care of homeless children, care of needy aged, care of needy sick, relief to the unemployed, recreation for young people, hospitalization for tubercular patients, daytime care of children of working parents, help with difficulties of a personal nature, help to young people in choosing a job, citizenship training, unified planning of welfare

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work, rehabilitation of veterans, care of mentally ill, control of contagious diseases, prevention of cruelty to animals, and care of alcoholics. As we expected, services for the needy sick, the needy aged, and homeless children were much the most popular, 49 percent of the possible funds being divided among these three. All of these have had traditionally strong appeal in local community fund and welfare levy campaigns.

Service-Appeal Test

But one reason why they should be popular is built into the very phrase with which they are described, since the wording itself points quite specifically to the kind of help which the cash is to provide. Homeless children obviously must have homes; the needy sick and the needy aged obviously must be given assistance of some kind. The phrase "recreation for young people," by contrast, points up no such obvious need. Even though a great variety of services are comprehended by professionals as falling within that phrase —services affecting a much larger number of citizens than all three of the most popular ones combined—this was given only 3 percent of all the budgets.

Despite the extensive publicity given to the problems of returning servicemen in recent months, only 8 percent of the funds were voted to rehabilitation of veterans. One trouble is that the word *rehabilitation* is too general. The chances are good that people would have assigned more money to "artificial limbs for veterans" than to all rehabilitation services when lumped together.

Next in order of popularity were care of the mentally ill (7 percent), control of contagious diseases (6 percent), and hospitalization for tubercular patients (6 percent). One of the big surprises was to find 3 percent of the funds allotted to unified planning of welfare work. This represents nearly twice the percentage budgeted annually from chest contributions for this purpose. In fact it is fifteen times the percentage set aside for central planning from the total annual budget for welfare federation agencies. Evidently the need for teamwork has become fairly clear to the public.

An ironic element which gave material for a good deal of corrective interpretation in our publicity was that those polled assigned approximately the same percent to prevention of cruelty to animals as to care of alcoholics. Spontaneous comments indicated that many were looking at alcoholism solely as a moral issue. The corrective publicity therefore stressed the necessity of regarding it rather as a disorder which needs as careful scientific treatment as any other serious pathology. We suspect that, until it is accepted as a pathology, rather than as mere evidence of moral turpitude, people will be reluctant to back any program of prevention and cure.

There is good reason to consider the term *casework* a complete semantic blank to nonprofessionals. We felt, however, that if we could frame a question describing what casework does in a specific situation, we might secure a reliable indication of the value the public would put upon it once they understood it. We picked casework in child-caring institutions because the development in that field is comparatively new and because there are still a fair number of executives in such institutions who resist accepting it and are inclined to argue in their own defense that "people don't want it." Cleveland in 1930 had only one child-caring institution offering casework service; there are now sixteen, but several remain to be fully converted.

Our question was phrased: "In an institution where children are cared for, how important do you think it is to have someone present to study the personal problems of each child, keep in touch with his home, and assist him in making a good adjustment?" The description contained in the question does include certain biasing elements, but we did not see how we could get rid of them and yet preserve accuracy. The returns showed that 95 percent considered this service important—80 percent answering "very important." If we had simply asked them how important is it to have a caseworker in such institutions, very few would have known what we were talking about. As it is, there seems little doubt but what an excellent way to get this and other types of casework much more widely used would be to make very clear what it is and what it does.

Much the same can be said for group work. We tried to describe an important part of it in this question: "How important do you think it is to have a supervised place for young people to get together in your neighborhood?" Eighty-eight percent labeled it important in some degree, well over two thirds calling it "very important." Our public relations program has been founded on the premise that full understanding of social work is the prerequisite of wholehearted acceptance, and we take the answers to these two questions as demonstrations of the soundness of this premise.

They Like What They Know

The last question on the poll was the one asking people to tell us their idea of a social worker. This showed that 85 percent of the women in Greater Cleveland have some notion of what the social workers' qualifications or duties consist of. The great majority, however, do not have anything like a well-rounded understanding. Only 19 percent of the replies could be called a well-informed description of the social worker's activities. Incomplete or vague descriptions were given by 42 percent, and descriptions only of personal characteristics were given by 24 percent. The remaining 15 percent either said they did not know, gave an answer inaccurate enough to make it obvious that they did not know, or simply did not reply. Thus a big job remains for social workers to do in explaining what they are about and why it is important.

Even so, the fact that only 9 percent of the replies were in any respect critical and only 3 percent outright unfavorable has been accepted as encouraging. Any of the other major professions would be justified in feeling heartened by this showing. Social workers can toss aside their inferiority complexes and face the public in a way that should win them still more friends. There is clearly no need for them to feel apologetic or defensive about what they do. There is only a need to make it more thoroughly understood.

Conducting the poll and tabulating the results were an immense amount of work, but it has given us a lift and has placed us on sounder footing. It has given us the sense of being closer to what we must reach if social work is to succeed—the general public.

Rehabilitation

The director of a county welfare department in the Middle West writes that he recently received the following purchase order from a member of his staff:

(Mrs.) N. H.—6 joints, 2 elbows, 1 reducer, 2 nipples.

Only further inquiry revealed that the order was issued in connection with repairs for an old stove.

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COMMUNITY ORGANIZATION

On a South Sea Isle

Working for Uncle Sam in the Palaus, WILLIAM J. PLUNKERT* wrote the letters from which G. ELEANOR KIMBLE tells this story.

FOR two days our ship lay off shore, the high winds and rain of September making landing on Angaur impossible. Heavy fighting was still in progress, but we couldn't tell just where. Now everyone has heard of the battle of Peleliu.

It was late in the second afternoon before the order came to go over the side. A short run in the little boat and we landed. The fighting was to our left. The continuous shelling had practically flattened out the island. Where the once beautiful tropical town had stood, everything—houses, stores, church, club house, tennis courts, every neat little garden—was in ruins with not a single building left intact. A structure with a segment of roof was being utilized as headquarters.

The next morning our unit was divided into four groups. The camp crew which was to work with the natives, and to which I belonged, made plans to move inland to establish the camp. The site selected for it was on a fresh water lake in the jungle, close to the caves where the Japanese were making a last stand and where it was thought that the natives, if any survived, also were hidden.

It was apparent we would have to clear the jungle to make space for a camp immediately, though thus far we had no equipment for such work. All day we toiled in the hot sun chopping, clearing, picking up hand grenades, and all the time wondering if we were performing a fruitless task, for no natives had been seen. By night we had one tent pitched and several large tarpaulins stretched, a place where war torn people could start a new life.

Calling All Natives!

Later, we learned that the Japanese had been systematically evacuating this island for some time, although they had never thought we would capture it. Our army, by means of loud speakers, appealed to the natives to come out, assuring them that they would not be harmed, but the Japanese told them of the frightful atrocities they would suffer at the hands of the Americans if they emerged.

Finally, a native, Ramon, and his wife Maria decided that since death awaited all in the hill crevices, they would risk the Americans. Ramon later helped the army prepare a leaflet so that copies could be dropped by plane into the crevices. Although the enemy confiscated most of these, some reached the natives. A powwow was held inside the caves and three men were sent out, with the understanding that they were to return if all was well and give a personal account. This was done and the mass exit arranged. They told the enemy they were moving to another cave, but instead sneaked out in the early dawn into our care.

Down the road they came, about three hundred men, women, and children, starving, exhausted emotionally as well as physically. They were a sorry-looking group, clothing in tatters or quite gone, stomachs bloated, bodies covered with coral cuts and vermin, the little new babies scarcely alive. Some forty required immediate care by our two physicians and the pharmacist mate in the hurriedly equipped hospital tent. The others were assigned to us and our temporary village near the lake.

A busy period followed, with cuts and bruises treated, food given out from a central mess tent, and shelter provided, although it was sixteen persons to each 16 x 16 tent. During the shelling of the island, the people had lost everything they possessed, since it had been impossible to take anything but food into the caves. It was hoped some of their household belongings could be salvaged from the village ruins, but souvenir hunters had been there first.

All plans for the new permanent village were made jointly by our administration and the native chiefs, with many conferences between the chiefs and ourselves.

Census

In order to plan the new village we had to determine how many family units would need houses. This was not easy, since some of our islanders had been evacuated elsewhere and natives of other islands had been brought to us for temporary care; many families were divided.

It was necessary to have two sets of records, first by family and clan, second by individual. Since most of the natives have only one name we gave them I.D. numbers. We had a breakdown by age groups and made a family analysis. Our individual records contain information about emotional disturbances and antisocial behavior, as well as births, deaths, marriages, divorces, and so on. The problem of determining property rights and who should receive compensations, if reparation is to be made at some future time, led us to devise a special questionnaire. Now we know the names and relationship of all the natives in each family group, their previous occupation and earnings, the descriptions of their homes which were destroyed, what household possessions they had, their bank accounts, money and jewelry, canoes and coconut trees.

Housing and Wages

The site chosen for the new village was near the ocean on the opposite side of the island from our camp. Our big bulldozers soon had leveled off a twenty acre tract—which looked more hideous than the ruins. The natives, under supervision of our engineers, began the construction. When we explained that now a money economy would be reestablished and each man paid a wage, the chiefs consulted together and decided the men should not be paid until the houses were built since they would be working on their own homes.

Unfortunately, lack of lumber delayed the building of the new houses for some time so that some families are still living in tents and the villagers are still eating in a central mess. But there is a supplemental cooking of fish, taro, tapioca and greens at four open fireplaces scattered through the village. Adequate showers and toilets are available and there is a good water supply, electric lights, a central laundry with several washing machines, a school, council house, store, and the old church now being rebuilt.

In the early emergency period it was necessary for us to provide all the basic necessities—food, housing, clothing, medi-

* The author is known to many of our readers as a social worker, formerly with the Federal Transient Bureau. Mr. Plunkert found himself doing community organization in an unusual setting when, as a BMIC attached to the Naval Military Government, he was assigned to reestablish the native community on the island of Angaur in the Palaus after the battle of Peleliu. Angaur, three square miles big, is a nonfertile coral island with a rocky terrain and tropical jungle. Its phosphate mines, in which the natives had been retained practically as slave labor, produced one fifth of Japan's phosphate supply.

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cal care, even dishes and cigarettes—and in addition we paid twenty-five cents a day for work in the camp. When we moved to the new village, pending construction of the new houses, the families were still living in tents and eating in a central mess, so housing and food were still furnished by us. However, we began to pay wages, with a scale of twenty-five to forty cents a day for men, fifteen to twenty cents a day for women, and a store was established where tobacco, candy, clothing and miscellaneous articles could be purchased. This temporary arrangement provides a standard not unlike that which the natives had under the Japanese.

It has been thought wise not to alter the present economic life too much, since none of us knows what the future status of these islands will be under another mandate or some sort of trusteeship. They had been independent until taken over by Spain in 1885. Sixteen years later they were purchased by Germany. At the end of World War I they became part of the Japanese mandate. To the Micronesian natives we thus represent the fourth alien language and culture in a sixty-year period.

Community Life in the Jungle

School was started four days after the natives came out of the caves. We had one interpreter, just one native who knew some English; no supplies, not even pencils. Native assistants helped us to devise teaching methods. I taught with a rifle by my side and sometimes a guard nearby, for the enemy was still on the island. The chiefs agreed that children under sixteen should not be employed, as they had been when under Japanese rule, and that all must attend school.

The first schools in the Palaus had been the Spanish missionary schools of the late nineteenth century, succeeded in 1899 by German schools, and in 1919 by Japanese schools which separated native children from Japanese. Native children of eight years or more were given three years of instruction, largely in the Japanese language. Some received additional instruction in woodworking and agriculture. Elementary schools similar to those in Japan were organized for Japanese children, who were later sent to Japan for further education. In 1935 the Japanese government reported that 56 percent of the native children of school age (eight to fourteen) were in school. Japanese teachers rated the native children as intelligent as the Japanese.

At first our school was only a shady spot in a jungle clearing, with a class in elementary English, arithmetic, and geography from 9:30 to 11:30 each morning and singing and dancing taught by natives from 1:00 to 2:15. As soon as lights were allowed on the island, we had a chiefs' meeting each night from 5:40 to 7:00, followed by a class in English for adults from 7:00 to 8:00.

The natives learned English faster than we could master Japanese. Soon we had a preschool group of youngsters presided over by a native woman, a group of children six to eleven taught by a young girl who is part Chinese, and a group of older children which I taught. We trained natives to be teachers, and helped them put their own skills to work. We found a native woman who could teach weaving; another, sewing; and an old man who could teach the ancient art of wood carving. Classes in the Palau language were started for the children who knew only Japanese.

Our recreation director, borrowed from the army, was a soldier who had done boys' work in a Pittsburgh settlement house. He started classes in boxing and calisthenics. After many months, a shipment of books and materials arrived. How the children enjoyed the volumes of fairy tales and folklore which were included!

During our first weeks on Angaur, when no lights were allowed, some of our gang played mouth organs and sang on moonlit nights. The natives gathered round, delighted. For sixty years singing of anything but hymns had been forbidden, and they love music. Soon we had the youngsters singing as they marched to school. Some of their native songs had been translated into Japanese, but they decided they didn't want to use that language any more. They asked whether they should sing them in English or Palau. We told them Palau.

Now, everyone works or goes to school in the daytime. Come late afternoon, there is swimming, followed by a council

Community leaders: acting chief of the island, village chief, school superintendent

"Now the children sing as they march to school," and Americans help rebuild the town

First and second grades of the island "school in the jungle," with their teacher

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meeting of the chiefs, or classes for adults. There is a dance every Saturday night and church every Sunday morning. Evenings we have movies or perhaps a match between the native soft ball team and a soldier team, both members of the island league.

"Culture patterns" of these folks began to emerge as community life took shape. On our island the Catholic church, a cement structure, had been demolished in the bombardment. When the natives came out of the caves they had been many months without a priest or other religious leader. It was quite a ceremony when our chaplain christened all the babies and said the first mass at the edge of the jungle. Some of the couples who had been "living in sin" wanted a church marriage, but others wouldn't consider it until white dresses and veils were available. After consulting with the chiefs, we proclaimed the couples they approved as married by civil law. The chiefs ruled also in one case of divorce, granting it on the grounds of nonsupport.

Although the death penalty for extramarital relationships was abolished some time ago, the whole native community approved when a man recently beat his wife and forbade her attendance at any dance after she had allowed some man a liberty. A boy who had done no more than pass a love note to a married woman was fined three months' pay by the chiefs, who also forbade him to speak to any Palau woman or to leave his tent except to get food, go to work or school. Illegitimate children seem to suffer little from stigma, the parents of the girl usually adopting the child. Palau people really love children, and severe punishment of a child is almost unknown.

Medical care had been available for the natives on a very meager basis. The Japanese had established a small hospital on Palau Island and another on Angaur, but these were primarily for the Japanese residents although workmen injured in the mines received care. Native women who worked in the hospitals were able to take back to their people some knowledge of modern sanitation and nursing care. Medical attention at time of confinement, other than care by a midwife, was unknown.

We now have established a hospital with twelve beds for the villagers. Luckily our commander is a doctor.

Our health problems are not all physical. One night there was a terrible commotion. Kotep, the old, old man who knew most about ancient customs and was so skilled at wood carving, suddenly went off the beam, stabbed his daughter and several other people. In the melee he was killed, which was perhaps for the best. One of our men also was killed and another badly wounded. The natives refused to have a funeral for Kotep and didn't want him buried in their beautiful little cemetery, which somehow escaped bombing. Even his relatives would not participate.

The natives presented a formal apology for the disturbance, as though it were their fault. The injured daughter, in the hospital, kept saying hysterically, "The Americans will kill me." We learned that according to the old custom every descendant of Kotep would have been killed, his house burned, even his banana plants destroyed.

That evening, when the chiefs were having their regular meeting with our staff, our doctor explained to them that there are many kinds of illness, some sickness is of the mind and a person mentally ill can not help what he does and no one should be punished for his actions. The chiefs agreed to reconsider having a funeral.

Full employment is almost a *fait accompli* in our community. Nearly everyone employable has a job—teaching, caring for nursery age children, preparing food in the central kitchen, working in the laundry, helping in the village hospital, in the electric plant or at the water works, serving on the native police force, keeping the camp clean, fishing or making canoes. In addition to the necessary maintenance and construction work, we have done all we can to develop the native handicrafts. They excel in making tortoise-shell articles, in woodcarving and in weaving.

A few women, too old to work, and a few families with many children are given material for clothing from our relief fund, the chiefs making the decisions and dispensing the aid. Another relief case is a crippled man whose wife is temporarily an invalid; they receive a small cash grant. Another special case is a fifteen-year-old boy, a native of Saipan, who had come to our island just before war started to attend woodworking school, his well-to-do parents paying his expenses. Now he is stranded here.

The author poses with the "Butterfly family": Takiki, whose mother was a Palau, her father a Japanese admiral who sailed away; and her daughter, Eiko, whose father is half Chinese.

The Democratic Way

Almost from the first, we used native straw bosses on construction work, native understudies to help operate the water works and the light generator, native women as nurses' aides, a native assistant to the pharmacist, native teachers of dancing, weaving, carving, and of Palau language. As soon as we could get a motion picture machine, we taught natives to operate it. From the first day we consulted the chiefs, and at their meetings tried as far as possible to keep in the background so they would feel free to discuss and decide. At first they kept bowing to us and agreeing with everything we said, Japanese-fashion, but they have learned now we do not wish such subservience. At times, we have allowed them to go ahead with a decision we knew would lead to difficulties, so they would understand why their way of doing something would not work. All this is new to them, but they seem to appreciate it.

In its broad meaning, the entire program of our unit has been one of social work. First, the immediate need for rehabilitation was so acute that all our waking hours were spent doing concrete things, providing food and shelter and caring for the physically disabled. Our school was functioning even before we had finished setting up our records or helping the natives to plan the construction of their new village. Throughout we have tried to retain or even revive the best of the old island culture, encouraging the singing and dancing which for centuries had held such an important place in their lives; the old handicrafts, such as weaving and wood carving, which in the future may be their major economic asset; and the tribal government, which is complicated but efficient.

Since 1885, Spain, Germany, and Japan have tried to impose their cultures, their ideologies, their languages on the natives of Angaur, to make them feel an inferior people. We hope our stay has at least helped them to regain some pride in their own achievements, some assurance that the whole world is not unfriendly, some hope for the future.

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THE COMMON WELFARE

School Week

American Education Week, observed this year from November 11 to November 17, marks a twenty-fifth anniversary. It was in 1920 that the National Education Association, the American Legion, and the National Congress of Parents and Teachers jointly launched this annual dramatization of the part the schools play in our common life. This year, appropriately, the theme of the week is "Education to Promote the General Welfare."

As churches, schools, and civic organizations participate in their special programs for American Education Week, with school visiting by parents especially emphasized, the NEA directs public attention to the problem of teachers' salaries. In its current issue, *The Journal of the NEA* points out that average annual earnings of industrial workers increased 56 percent from 1940 to 1943, while teachers' salaries increased 11 percent—less than the rise in the cost of living during that period.

While the annual average salary of American teachers in 1944-45 is estimated at $1,786, this figure masks a wide variation. Of the nation's 850,000 teachers, the research division of the NEA reports half are receiving less than $1,800 a year; 200,000 less than $1,200; and 25,000 less than $600. In Arkansas, the average annual salary paid to teachers in 1943 was $746; in Nebraska, $933. At the other end of the scale are California, where teacher's salaries in 1943 averaged $2,373; New York, with an average the same year of $2,097. With all due allowance for the call to patriotic service, a great many of the 200,000 teachers who left the profession during the war years must have been forced to seek better paid employment.

The theme of American Education Week focuses attention on the need for a high level of universal education if this nation is to play its essential part in solving worldwide problems of international cooperation, full employment, race relations. And yet, according to the 1940 census, of adults twenty-five years of age and over in this country, 3,000,000 had never gone to school at all; 13 percent had not completed the fourth grade; 56 percent had only an eighth-grade education; 75 percent had not finished high school. Among young Americans of draft age, Selective Service found 350,000 unable to write their own names.

Figures such as these are a challenge to American communities and their schools. Clearly, if we really want "education to promote the general welfare," we must be prepared to pay for it. And the most fruitful expenditure will not be for more elaborate buildings and equipment, but for more teachers who are well educated, professionally trained, free from financial worry, with a margin of time and income for study, travel, and self-improvement.

Detroit's Relief Plan

Believing that the pure unemployment case is the last to seek relief and the first to leave relief rolls and that "most of our clients are not consumed with iniquity nor intent upon deception," Detroit's department of public welfare in July completed plans to handle in a simple way the wave of reconversion unemployment cases, which has now begun to break. According to Daniel J. Ryan, general superintendent of the department, the plan, which was worked out by staff committees in about eighteen months, was designed to go into action in one day.

The plan calls for opening two additional intake offices for exclusive handling of unemployment cases. Each of these would be equipped to handle three thousand cases. Normally, two offices handle four thousand cases. Since the sole problem would be unemployment, the committees believed that a procedure giving the necessary service, but making best use of the time of trained workers, would be needed. In the framework of the plan, home visits, long considered essential in the welfare application process, are dispensed with, since they "do not add to the department's knowledge of the client's economic condition."

The Detroit department decided that because of the scarcity of trained workers, both the regular case load and any emergency work would have to be handled by the regular staff with few additions. The personnel setup planned for the new offices includes three trained workers, permanent employes of the department, to take over administration, office management, and supervision of interviewing aids. A fourth trained worker would do intake interviewing. Interviewing aids would have responsibility for continued check on family budgets, by way of a semimonthly interview.

Efforts to revise procedure so as to render essential service with few complications have produced: a special streamlined version of the manual of procedure, a special face-sheet designed for getting necessary information with a minimum of clerical work, authority delegated to the intake interviewer to make a relief grant immediately upon satisfactory verification of information, and a procedure for transferring clients in one week's time from cash relief to postwar projects budgeted for by the city.

Those who lived through the hectic public welfare days in the early Thirties recall a philosophy influenced by the resentment of the more fortunate but unsympathetic citizenry, and a welter of plans which seemed to change regularly every hour on the hour. Detroit's philosophy of the unemployment case, as well as its scheme of advance planning, appears to be some evidence that such frantic days need not recur in the future.

For Board Members Only?

Leaders of welfare agencies today have not kept themselves in touch with the catastrophic effects of the industrial revolution upon society. So said Mrs. Eugene Meyer, author of "Journey Through Chaos," when she addressed committee and board members of the 210 agencies within the Federation of Protestant Welfare Agencies in New York on October 15. The address, which was part of a two-day institute on public relations sponsored by the federation, issued a flat challenge to private philanthropy to become "not the champion but the voice of the people."

Mrs. Meyer quoted Chicago slumdwellers as saying that social work tended to help them adjust to, rather than get at the roots of, bad conditions. Attacking duplication of social agency program competition between agencies and self-perpetuating boards, Mrs. Meyer said, "Everybody concedes that voluntary benevolence must be trimmed and shaped to a new pattern and the reform must come from within, but nobody is willing to swing the ax."

A cabinet appointment to cover education, health, welfare, and social insurance, to protect the welfare of the American people as a whole, was the speaker's specific suggestion for getting at the root of these problems. (See September *Midmonthly*.) "In the sense in which St. Paul used the word," she ended by saying, charity could be "more powerful for good than the atomic bomb is for destruction . . . and should give our social imagination wings strong enough to encircle the globe."

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HERE IN WASHINGTON

THE FULL EMPLOYMENT BILL, after having passed the Senate, is hung up in the House Committee on Executive Expenditures where very obvious efforts are being made to hamstring it or kill it altogether.

The chairman of the committee, Carter Manasco (D., Ala.), is unfriendly and has the backing in his opposition to the bill of a coalition of ultra-conservative Republicans and southern Democrats.

If the bill gets to the floor it has a more than even chance of passage. Its sponsors include a hundred-odd members of both parties with some very persuasive talkers included in the number. Obviously, however, getting it to the floor is going to be a major job and many of the bill's friends are now convinced that it must be handled by the White House. The President has expressed a very definite interest in the bill, but it will need more than that to get the measure off the reefs where it is now stranded.

THE NEW BOSS OF THE Veterans Administration, General Omar N. Bradley, is busy on a program which, he hopes, will attract to VA some of these brilliant young medicos now coming out of the services. It will include higher pay, opportunities for specialization, residencies, tieups with leading medical centers.

There is a rumor that these young sawbones are coming home with a gleam in their eyes that bodes ill for the conservative element that has so long dominated the medical profession. To date, the budding revolt is unorganized and it may peter out in the stress of resuming practice and making a living.

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AS SOON AS THE SURPLUS PROPerty Board has rewritten a few regulations, the Federal Security Agency expects to launch the program to make available to the states and communities the billions of dollars worth of goods which under the law they are entitled to purchase.

Established channels for health and educational services will, of course, be utilized. FSA, however, has been requested to give assistance in assuring that the property is distributed on an equitable basis and where it will do the most good. The U. S. Public Health Service will, for example, send trained personnel—medical officers and sanitary engineers—into the states and communities to ascertain needs and help draw up reports. Approximately 10 percent of this crew, trained especially for the job, are all set to go and only waiting word from SPB. And, of course, from the states and communities needing their help.

The SPB has indicated that it will take a gratifying liberal attitude in judging just what items are for distribution. Sewer pipe, for example. In certain communities this item might be considered to have a very definite bearing on health. If such communities can make a case SPB will not be too hard to persuade. And it has miles and miles of sewer pipe.

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A FUTURE "FULL OF UNCERtainties" as to land values and especially farming land is causing concern to those interested in seeing that the veteran gets the full benefit of his GI loans.

There are some controls over the use the veteran makes of his loan, but Congress may be asked to take further steps for his protection. R. W. Hudgens, associate Farm Security administrator, told a Senate Finance Committee subcommittee recently that unless some such protection was provided few veterans were going to get farm loans.

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DURING THE WAR YEARS PER capita purchases of goods and services in Britain fell 15 to 20 percent below the 1938 level. In the United States and Canada both went up from 10 to 15 percent during the same period. The Combined Production and Resources Board is responsible for this statement.

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IN THE CONGRESSIONAL RECORD of October 11, Rep. Christian Herter of Massachusetts reports on his recent study of UNRRA operations in Europe.

Mr. Herter, a Republican, did a thorough job and his report is worth reading. Unlike too many globe trotting congressmen he refused to limit his travels to the big cities or the high spots, but got out into the hinterlands and saw for himself what was underway.

His conclusions are that UNRRA is doing a good job. Maybe not the best possible job but still, in light of its various handicaps, a job of which no one need be ashamed. Says Mr. Herter, "I feel very strongly that our problem today is not one of trying to find a substitute for UNRRA or of stopping UNRRA's operations but rather one of trying to assist in making those operations more effective and more efficient."

With the view of making UNRRA more effective and efficient Mr. Herter has recommended certain amendments to the appropriation bill now under consideration. There are six amendments in all, too long and detailed to be summarized here, but all are worthy of consideration both by the committee and by those interested in UNRRA's success.

Mr. Herter expressed himself vigorously as to the necessity of continuing the UNRRA program. He is equally earnest in his belief that the United States must participate to the fullest. Otherwise, he declares, the entire postwar world (including the United States) will be the loser.

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THE MATTER OF MORE THAN 2,000,000 school age war workers presents real difficulties. Most of us want them to go back to school, if only until they can find other jobs. In many states, however, to go back to their books means to lose unemployment benefit rights.

Katharine F. Lenroot, chief of the Children's Bureau, urges that the insurance rights of these young people be protected. The Committee of Trade Union Women agrees with her and recommends a more liberal interpretation of state unemployment compensation laws to permit all displaced workers to attend school without sacrificing their benefits, if suitable employment is not available.

The situation has the makings of a "youth problem," national in scope and, possibly, more serious than that of the Thirties.

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THE HOUSE COMMITTEE ON Ways and Means has voted to "freeze" old age and survivors insurance tax rates at one percent each on employers and employes until Congress reviews the whole field of social security legislation.

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WATSON MILLER SUCCEEDS PAUL V. McNutt as Federal Security administrator. Mr. Miller has been assistant director since 1941 and was Mr. McNutt's own choice as his successor.

Paul Schuster

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THE COUNTRY OVER

Industry

Facts and figures on wartime wages and "take home" pay and on manufacturing industry's capacity to maintain the workers' purchasing power without raising prices are offered in a recent statement from the Office of War Mobilization and Reconversion. The data show substantial savings to industry through new tax legislation, notably the repeal of the excess profits tax; the reduction of overtime, and changes in upgrading.

Gross weekly pay of the average worker in manufacturing industry rose 77 percent during the war, according to this statement; that is, from $26.64 in January 1941 to $47.12 in April 1945. But allowing for increased cost of living and higher income taxes, the April 1945 average wage was the equivalent of $31.47 in 1941 dollars, or an increase of 18 percent. Loss of overtime and upgrading will reduce the gross weekly pay of the average worker to $33.96, or 28 per cent below his April 1945 "take home."

The OWMR figures show that a wage increase of 14 percent above present levels in manufacturing would allow an estimated corporation profit after taxes in 1946 of $6,300,000,000, compared with a prewar (1936-39) average of $2,100,000,000. On that basis, 1946 profits would be almost three times as high as prewar profits. A wage increase of 24 percent would allow the same corporations an estimated profit after taxes in 1946 of $4,800,000,000, or more than twice as high as the prewar average, and almost as high as their 1942 profit of $4,900,000,000.

Organized labor is demanding a wage increase of 30 percent, without a rise in prices.

Labor-Management Parley

The agenda of the management-labor conference, called by President Truman to meet in Washington on November 5, is not available at this writing. The general aim of the conference is to work out procedures for the orderly handling of industrial relations during the reconversion period. Officials of many employer organizations have been frankly skeptical about the success of such a conference at this time, and few labor leaders have expressed optimism as to the results. Some government spokesmen have voiced the belief that the meeting, which will be in progress when this issue comes from the press, will be as useful as the similar gathering convened by President Roosevelt shortly after Pearl Harbor.

Writing in the October *Survey Graphic*, Herbert Harris, formerly adviser to the War Production Board, points to "changes in the whole concept and practice of collective bargaining" during the war which, he holds, will profoundly influence the outcome of the conference and the "conduct of industrial relations in the months ahead." He points particularly to the broadening of the area of collective bargaining to include the "creation of the wage rate structure," promotions, and pay raises—a domain "customarily regarded as management's own."

Women Workers

More than 80 percent of the women workers in war industries in New York State plan to continue wage earning in the postwar period, according to a 1944-45 survey by the Division of Industrial Relations, Women in Industry, and Minimum Wage of the State Department of Labor. About 93 percent of the workers interviewed who planned to keep on working gave economic necessity as the reason for remaining in the labor market. The percentage varied somewhat with marital status. Thus 88 percent of the single women, 97 percent of the widowed and divorced, and about 70 percent of the married women expected to continue wage earning. Before Pearl Harbor, three out of five women in the survey had been employed, 28 percent had been housewives, and 11 percent students. In the war plants, women with previous employment experience found they were given jobs which utilized their abilities to a greater extent and provided more opportunities for increasing their skills than had their previous jobs. According to the report of the survey, this is a main reason why so many of those interviewed—84 percent—desired to remain on their present jobs or do the same kind of work elsewhere.

One woman in five who planned to work after the war feared that jobs might not be available. About one third felt that need should be a consideration in the distribution of jobs. Most of the women recognized the right of servicemen to return to their former jobs.

USES

The United States Employment Service has been transferred by President Truman from the War Manpower Commission to the Labor Department. In his reconversion message to Congress on September 8, the President urged that USES, "borrowed" from the states as a wartime measure, remain a federal agency for at least two years, to help bring jobs and displaced war workers together with a minimum of delay during the reconversion period. An amendment "tacked on" to pending legislation (HR 4407, an appropriations recapture bill) would send USES back to the states within thirty days.

A number of unions and civic groups are pressing for the continuance of USES as a national system of employment offices, urging the importance at this time of a free flow of employment information among the states, continuation of federal standards and rules, and of a nationwide agency for the placement of veterans and former war workers.

Community Affairs

Timely Health Topics, published monthly for the past year by the Fort Worth-Tarrant County Health Education Committee (sponsored by the health division of Fort Worth's Council of Social Agencies) is one wartime product which will not need reconversion. Concerned about the need for education on public health problems and control of infectious and communicable diseases among newcomers from rural areas as well as the city's prewar population, representatives of local public and private health agencies asked the Council of Social Agencies in 1944 to look into the situation. *Timely Health Topics* was one of the results.

Each issue deals with a separate topic and is sponsored and financed by some local health agency or other community group. Fifteen hundred copies of the first number "Maternal and Infant Health," sponsored by the Fort Worth department of public health and welfare, were distributed to schools, colleges, churches, business offices, industrial plants, labor unions, clubs, and individual doctors and dentists. Eleven months later, an issue devoted to school health, sponsored by the Fort Worth public schools, had a circulation of 5,000 copies. The committee, which includes representatives of a number of community agencies and organizations, and whose job it is to check carefully on accuracy of information in each issue, has received many out-of-state as

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well as out-of-town requests for copies.

The list of sponsors—Chamber of Commerce, American Legion, women's clubs, are among them—seems to testify this is a real community health project.

Cited for Service

Last month the board of directors of the Association of Junior Leagues of America cited the leagues of four cities for "outstanding achievement in initiating significant community service."

Among other things, the league of Pelham, N. Y., aided in working out a plan for countrywide child-guidance clinics, and initiated a survey of summer recreation facilities sponsored by ten community organizations.

In Hamilton, Ontario, the league made a significant contribution to the post-war plan for that city's development by making and publishing a survey of the community's cultural facilities and needs.

The league of Fort Worth, Tex., developed a variety of programs for children in a joint planning project with the public school system. These programs included work with the theater, art, and radio.

In Winston-Salem, the league provided specific services to help in the expansion of programs of the community's cultural life. Among these were an arts and crafts specialist for the municipal recreation department, a part time director for the historical museum which emphasizes activities for school children, and a community radio council and workshop to develop programs interpreting community services.

Community Planning

Gains in recreation, health, and interracial understanding have resulted from a project in community planning initiated by a group of concerned citizens in the central areas of Cleveland, as reported in *Community* for September 1945 in the article "Better Neighborhoods—Better People," by Roosevelt S. Dickey, Welfare Federation field worker, central areas, Cleveland.

Alarmed by the high delinquency rate in this low income section, whose population is 72 percent Negro and 28 percent white, representatives of local agencies and groups called a meeting in 1942 to see what they could do about it. The Welfare Federation of Cleveland was asked to make a social study of the section. A working committee from the community acted as advisers in the study, which revealed that the chief gaps in the services of the numerous agencies in the area were lack of preventive work, overspecialization, lack of institutional facilities for dependent and neglected Negro children, but above all, a lack of joint planning both between the agencies and with "the natural social forces of community" itself.

Acting on this report, the working committee appointed a field worker to make continuous studies of the section. Two councils, intended eventually to replace the working committee, were formed: a community council to serve as a channel through which the community could voice its needs to the professional agencies; and a social service council of professional people to work on referrals and joint projects between social work agencies in the neighborhood.

One of the more spectacular achievements of the community council was the work of its health committee in conducting a mass chest X-ray project which lasted nineteen days and reached 2,266 people.

Professional

The most severe type of deprived asocial psychopathic personality deviation is found in children who have been in institutions for the first two or three years of their lives without a parent who visits frequently and takes an interest in them. So reports Lauretta Bender, M.D., senior psychiatrist, psychiatric division, Bellevue Hospital, New York City, in the September 1945 issue of the *Bulletin* published by the Child Welfare League of America. Eleven years of careful studies of several hundred children referred by child placing agencies provides the material for this article entitled: "Infants Reared in Institutions Permanently Handicapped." Dr. Bender reports that even children who had had only one year or some months in an infants home, show this peculiar lack of ability to form relationships and to identify themselves with others. Infants do not belong in institutions, concludes Dr. Bender, because they cannot offer each child a true mother-substitute who would remain in that relationship throughout the first several years of the child's life.

Membership

The department of social work of the University of British Columbia has been accepted for provisional membership, as a one year school, in the American Association of Schools of Social Work.

Music Specialists in Group Work

Recognizing the need for musicians equipped to participate in social agency music programs, the Turtle Bay Music School in New York City is giving this year a training course for music specialists in group work. In addition to class study on informal singing, folk dancing and music festivals, students will work with interest groups in music at neighborhood settlement houses, under the supervision of Jennie Cossitt, music director of Union Settlement. According to Miss Cossitt, "Those of us who believe in the group process, be it in clubs, folk dancing, crafts, or whatever, are convinced that a participant in group music lessons acquires broadened musicianship . . . and has his personality development speeded up by means of the group process."

Jobs

Social casework positions are open in Washington, D. C., in child welfare, public assistance, probation, announces the Civil Service Commission. These pay $2,100 and $2,320. A written test will be given. Application forms and announcement No. 367 giving full details, can be obtained from post offices or the Civil Service Commission in Washington.

Professional openings for social workers this year increased 14 percent over 1944, reports the Social Work Vocational Bureau. The bureau also made 19 percent more placements this year, 34 percent of them being for administrators, supervisors, and field representatives in social agencies.

Note to Readers

Social Workers and students in the New York City area will be interested to learn that the Russell Sage Foundation Library will be open to the public Mondays through Fridays from 8:45 A.M. to 9:00 P.M. and Saturdays from 8:45 A.M. to 5:00 P.M. during the coming months. The library has a collection of applied sociology material stressing social welfare, both public and private, which is widely used for reference by social work students and practitioners in New York.

AASSW Report

Preprofessional training for social work was the recurrent theme at the twenty-sixth annual meeting of the American Association of Schools of Social Work held in Cleveland, Ohio, during January 1945. Papers on field work and teaching problems of particular concern to this group occupied a large share of the sessions, but a number of reports of more general interest were given. Among these are credit for military service, personnel shortages, certification and inter-American cooperation. The presidential address of Miss Gordon Hamilton summed up the discussion trends by focusing on the integration of the whole program of social work education. She pictured a sequence of preprofessional training, graduate work, and looked towards an advanced professional degree in some specialization. The 82 page publication of the proceed-

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ings of this meeting is now available for $1.00 from the AASSW, 1313 East 60 Street, Chicago 37.

Schools of Public Health

The committee on professional education of the American Public Health Association is undertaking a program for the accreditation of schools of public health, financed by the Commonwealth Fund. Concentrating first on the one-year course leading to the degree of Master of Public Health, the supervision will later be extended to include more advanced or specialized work. Original suggestion for the project came from the Association of Schools of Public Health and the Surgeon General's committee on postwar training, of the U. S. Public Health Service. Professor C.-E.A. Winslow of New Haven has been chosen as counselor in charge of the investigation work.

New Course

The University of Illinois this year offers a two year curriculum in social welfare administration, leading to a Master's degree, having added a second year of graduate study in this field. Marietta Stevenson is the director of this program, and Florence I. Hosch, formerly secretary of the board of the Illinois Department of Public Welfare, has joined the staff as associate professor. The membership application of this new curriculum has been accepted for study by the American Association of Schools of Social Work.

Administration

Social agency executives and students of administration who found Ordway Tead's pamphlet, "Creative Management," so helpful, will welcome his latest publication. "Democratic Administration" is not a manual for executives; it is a point of view of administration as a whole. The point of view concerns itself with helping every individual and group within an organization to understand its role and integrate itself with other groups. Price $1.25, from Association Press, 347 Madison Avenue, New York 17.

Outlook for Women

There is a general trend in the medical services towards an increasing need for X-ray technicians, a field in which 80 percent of all registered technicians are women, according to "X-ray Technicians, the Outlook for Women in Occupations in the Medical Services." This is one of a series of pamphlets prepared by the Women's Bureau of the U. S. Department of Labor on the postwar outlook for women in particular occupational fields. The best preparation for this slowly expanding field, it suggests, will be thorough training in an approved school or broad experience on the job, preferably with training in a related field, such as laboratory work or nursing. Minimum requirements for training and registration in this field are listed in the pamphlet. Price 10 cents from the Superintendent of Documents, U. S. Government Printing Office, Washington.

In Print

"Practical Suggestions For Training the Very Slow Child" is the revealing subtitle of "Teach Me" published by the mental health unit, division of public institutions, Minnesota Department of Social Security, St. Paul. Written in an easy informal style, the pamphlet is more than just a list of suggestions. It gives a sympathetic understanding of the very slow child—what he can be expected to do at various stages, and how he feels when too much is demanded of him. The suggestions for training are practical and simply stated in the order of learning. This booklet is a significant contribution to this particular field of literature. It will be useful to both child welfare workers and foster parents alike because it combines the *what* of teaching a slow child with the *how*.

Group leaders and teachers will be interested in "Twenty-one Pages for Parents" recently prepared, for ten cents a copy, by the Play Schools Association 119 West 57 Street, New York 19. The material is focused on the participation and understanding of parents in what the child is doing in child care centers, and relevant problems of family relationships. Though originally prepared for distribution through the Mayor's Committee on Wartime Care of Children, this material will be suggestive to local groups in preparing similar sheets designed to improve relations between the home and play-school.

"For Your Children, Too" is a ten cent pamphlet published by the Southern Conference For Human Welfare, 506 Presbyterian Building, Nashville, Tenn. The book tells of the aims and work of labor unions, in terms of what they have done for children.

People and Things

Western Reserve University is expanding its facilities for training medical social workers to meet increasing demands for such personnel from the American Red Cross, the Veterans Administration, and civilian hospitals and rehabilitation centers throughout the country. Winfred G. Leutner, president, recently announced the promotion of Agnes Schroeder of the School of Applied Sciences to the position of professor of medical social work. Alice L. Grossman of New York City has been appointed assistant professor.

SWVB Board Elections

Helen Crosby, director, bureau of social and health agencies, welfare division of the Metropolitan Life Insurance Company, was elected president of the Social Work Vocational Bureau's board of directors at its September meeting. Other officers elected were: vice-president, Howard Hugh, executive secretary of the United Family and Children's Society, Plainfield, N. J.; treasurer, Ernest Cole, Child Welfare League of America.

Housing for the Aged

As a part of its program to provide elderly people with a greater measure of comfort and privacy than the institutional setting provides, the Home for Aged and Infirm Hebrews, an affiliate of the Federation of Jewish Philanthropies, recently purchased an apartment house in New York City.

The second such project opened by the Home, the house will be remodeled to provide low cost, subsidized housing for old people who are independent and able-bodied but have limited funds. They will pay 50 percent of the costs of maintenance. Single persons and couples will have private rooms, and there will be common dining, living, and kitchen facilities on every second floor. The Home will provide cooking and maid service, medical care and recreation.

In addition to greater privacy, the residents will be entirely free to carry on their own social life and interests. Many may continue their own occupations, or learn new skills through the occupational training facilities of the Home.

"Alerted for Peace"

Enlarging its casework staff and increasing its services to the handicapped in the way the Brooklyn Bureau of Social Service meets the peacetime needs of people who are facing problems of readjustment. According to its annual report for 1944-1945, entitled "Alerted for Peace" just issued, casework service and financial aid was given by the agency to 19 percent more persons than were served during the previous year. Handicapped people helped during the year totaled 30 percent more than last year. Mary Child

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Draper, president, says that after more than ten years of curtailing services to the absolute essentials in response to the economic pressure of the times, the BBSS is entering upon a period when it must expand with courage and foresight if it is to live up to its charter and objective "to promote the welfare of the people of Brooklyn."

On the Move

Now that the war is ended, Travelers Aid workers all over the country are preparing themselves for the great migration of returning servicemen and ex-war workers hunting new jobs. Between 1940 and 1943, eighteen states plus the District of Columbia gained in population, but the other thirty states experienced a net loss of nearly three and a half million. The five biggest losers through migration were: New York, Arkansas, Kentucky, North Carolina, and Oklahoma. Although government officials do not expect the movement of population now to equal the wartime shift of 1940 to 1943, NTAA expects all their personnel to be needed for some time.

Good Samaritans

Americans are urged to start searching their attics and closets for any clothing, shoes or bedding which can possibly be spared to reach the goal of 100,000,000 garments to be sought by Victory Clothing Collection for Overseas Relief.

The drive will be held in January as a part of UNRRA's broad program for war victims. Local collection depots will be announced by newspapers and radio stations. In the words of Henry Kaiser, director of the drive, "The call of war sufferers throughout the world will touch every heart which knows the quality of mercy." National headquarters for the drive are at 100 Maiden Lane, New York.

Relief Abroad

Five major international agencies concerned with European relief are making a renewed appeal for help from America. The World Council of Churches, the International Committee of the Red Cross, the World Jewish Congress, the Save the Children International Union, and Catholic Charities have pledged themselves "to work together in meeting needs without regard to nationality, race or creed." In this joint appeal for physical relief of Europe the five agencies say: "Children by the millions are in imminent danger of starving and freezing as winter comes to Europe unless immediate help comes from countries which have food, clothing, vitamins and medicines. Only by immediate and coordinated effort can a colossal catastrophe be avoided. Conditions in several European countries compel us to make this common appeal in the strongest possible way."

The Church and Social Work

Convinced by wartime experience with servicemen of the need for greater interdenominational cooperation and more modern methods of leadership in the Protestant church, Ellis H. Dana has resigned as field director with the American Red Cross to become executive vice-president of the Wisconsin Council of Churches. Highly successful in working with the servicemen in his area, Mr. Dana believes that many of the secular difficulties in American life are traceable to lack of real Christian education and cooperation and to an inadequate modern conception of church and state relationships. He has deliberately chosen the layman's approach to the field. In his new position, he will cooperate with the University of Wisconsin in two leadership training institutes for professional leaders and also will work with the Federal Council of Churches.

Canned Food for UNRRA

A canned food drive has been started by UNRRA which will continue as long as interest is maintained in local communities. The contributions must be packed in tin, and can be of all types—vegetables, fruits, juices, fish, meats, soups, and baby foods. Local collection centers are or will be established. Interested organizations and community groups may write to the national headquarters of the drive, 100 Maiden Lane, New York 7, for information and instructions for packing and shipping.

Retired

Rockwell D. Hunt, dean of the University of Southern California Graduate School and director of the School of Research, has retired after thirty-seven years of service. Author of numerous books, Dr. Hunt was awarded the degrees of LL.D. and Litt. D. for outstanding work in the social science field. His successor is Emory E. Bogardus, professor of sociology at the university since 1911 and editor of the journal "Sociology and Social Research," which he founded in 1916. Professor Bogardus has served as president of the Los Angeles Social Service Commission, the American Sociological Society, and the Los Angeles chapter of the American Association of Social Workers. In 1933 he received the merit award from Northwestern University as the outstanding alumnus of that year.

Louise Strachan has retired after twenty-eight years of service in the health education field. Director of the child health education service of the National Tuberculosis Association since 1925, she was the U. S. representative at the Third International Congress on Open-air Schools, held in Germany, and has contributed frequently to health and education journals.

Resigned

On September 1, Mrs. Richard M. Bissell resigned as national director of volunteer special services of the American Red Cross. She had been the leader of over 3,000,000 voluntary workers since 1943. One of her achievements, through the work of the volunteers under her supervision, has been the production of over a billion surgical dressings. Mrs. Bissell will be succeeded by Mrs. S. Sloan Colt of New York City.

Assignments and Job Changes

President of the Child Study Association of America, W. Carson Ryan flew to China in late October to begin his work as the new child care consultant of the United China Relief Advisory Committee on Child Care and Development. Mr. Ryan will make a study of the teaching programs and methods of handling children in all the projects supported by the United China Relief. Cooperating with UNRRA and leaders in other Chinese relief and rehabilitation organizations, he plans on his return to the United States to make recommendations for a coordinated child care program on which United China Relief and UNRRA can work together.

New secretary for youth of the American Committee for the World Council of Churches is Rev. William Keys. Formerly member of the faculty of Andover-Newton Theological Seminary, Reverend Keys has specialized in young people's work and religious education here and throughout the Far East. Twenty-seven denominations in the United States have accepted membership in the World Council of Churches, which now numbers eighty-eight church bodies in twenty-nine countries.

National headquarters of the American Red Cross has appointed Louis C. Boochever as director of public relations. With Red Cross in 1942 as assistant director of public information, Mr. Boochever has had an extended career in business, advertising, and publicity. For sixteen years he served as director of publicity at Cornell University.

Miss Cecil Lester Jones, who has served overseas for the last two years as assistant field director and psychiatric social worker for the American Red Cross,

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has been appointed welfare consultant to the Association of the Junior Leagues of America.

Mildred K. Wagle of Pittsburgh has joined the welfare staff of the Association of the Junior Leagues of America. Recently returned from overseas field service with the American Red Cross, Miss Wagle succeeds Margaret Jelliffe, who resigned as welfare consultant to go with UNRRA in Germany.

Former New York police commissioner, Lewis J. Valentine, has become a member of the executive committee of the Prison Association of New York.

The American Cancer Society has created a new office—administrative director—to carry full responsibility for the business management of the organization. Edwin J. MacEwan has been brought from the New Haven, Conn., Chamber of Commerce to fill this new position.

Blanche Pearl Gilman of New York City, actively identified with many charitable organizations, has been elected chairman of the New York State Commission for the Blind. A bureau in the State Department of Social Welfare, the commission provides employment, training, and medical services for the blind, and conducts programs for the prevention of blindness.

Fresh from fifteen months of service with the armed forces, Patrick A. Tompkins, area director of the New York State Department of Social Welfare, has been nominated by Governor Maurice Tobin for commissioner of public welfare of Massachusetts.

Area director for Syracuse, N. Y., since 1937, Mr. Tompkins was earlier director of public assistance of the Onondaga County department of welfare, and director of the emergency relief bureau of Oswego, N. Y.

New Address

The National Refugee Service has moved its office to 25 Ann Street, New York 7. The major agency aiding the adjustment of refugees in the United States, NRS also assists persons seeking to learn the whereabouts of refugees' relatives and friends cut off by the war and Nazi persecution. Several organizations affiliated with NRS have also moved to the new address, including the European Jewish Children's Aid, the National Committee for Resettlement of Foreign Physicians, and the Committee in Aid of Displaced Foreign Medical Scientists.

Deaths

KATHERINE E. YOUNG, general director of the Travelers Aid Society of New York, on August 3. With Miss Young's passing, New York City lost one of its leading social workers. While working with the Charities Organization Society, after graduation from Adelphi College in 1916, her interest was early drawn to the problems of adjustment of the foreign born and their assimilation in American life. As a result, she became associated with the Travelers Aid Society of New York, where she served for twenty-one years. She was a member of the American Association of Social Workers, the executives' council of the National Travelers Aid Association, and the delegate body of the Welfare Council of New York City.

MAE V. LYNCH, chief probation officer of Union County, N. J. Her early work was in nursing, but since 1926 when she was appointed to the Union County probation office, Miss Lynch was a leader in work on delinquency, in connection with which she served actively on many state and municipal projects. She was a former president of the Probation Association of New Jersey, and chairman of the professional council of the National Probation Officers Association.

FREDERICK A. CARROLL, American Red Cross commissioner for Britain and western Europe, was killed in an automobile accident near Paris on October 16. On the job since last April, Mr. Carroll at the time of his death was driving with a convoy of Red Cross trucks carrying clothing to be distributed in Luxembourg.

ROBERT PARKER, area director of eastern Pennsylvania and Delaware for the CIO War Relief Committee, on September 8, at the age of thirty-three. A union organizer, Mr. Parker was instrumental in promoting community organization in his area and in developing a close relationship between it and organized labor, in the interests of which he served on the executive boards of many social agencies. Another major concern of his was the equality of job opportunities for all races. He was a member of the Philadelphia chapter of the NAACP and executive director of the Philadelphia Council for Equal Job Opportunities.

LURO JANE RANKIN, supervising therapist of the Anna State Hospital, in Illinois, on July 8. With a background of teaching and occupational therapy, Miss Rankin's major interest was the nonmedical treatment of the mentally ill. She introduced progressive methods of treatment at Jacksonville State Hospital. During the last year and a half of her life, she carried out a reorganization of the occupational therapy department at Anna State Hospital and supervised the hospital's recreational program.

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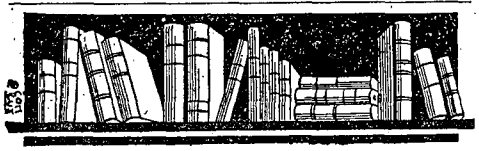

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WANTED TRAINED WORKER for Case Work position on staff of child-placing agency. Address: Worcester Children's Friend Society, 2 State Street, Worcester 8, Massachusetts.

SUPERVISOR, professionally trained and experienced, to have charge of a family service department in multiple service Jewish case work agency. Responsibilities include supervision of workers and students, administration of unit and community committee work. Salary range $2700 to $3800. 8215 Survey.

CASE WORKERS. Two, professionally qualified, by Jewish Family and Children's Agency offering good supervision and special interest assignments. Classifications Case Worker I and Case Worker II provide excellent salary range. 8210 Survey.

WANTED: COTTAGE MASTER in Boys School in New England. Delinquents 7-16 years. References. 8232 Survey.

GENERAL SECRETARY, with executive experience, for well established agency in progressive city of 200,000 in Western state. Recent training and some supervisory experience with caseworkers desirable. Salary $3000 to $4500 depending on qualifications. 8233 Survey.

WANTED: GENERAL SECRETARY for Family Agency in northern Pennsylvania Community. Training and experience required. 8239 Survey.

IMMEDIATELY NEEDED in connection with Southeastern Branch of the Children's Home Society of Florida at Miami, 2 trained, experienced, capable Senior Case Workers and 1 Junior Case Worker. Must be persons of unquestioned good health, character and habits, and able to furnish references. Good salary, permanent employment and an opportunity to do a real Case Work job with a State-wide, non-sectarian Child Placing Agency. Apply to: 403 Consolidated Building, Jacksonville, Florida.

EXPERIENCED PROGRAM DIRECTOR for Adult Activities in association developing new and different adult program. Challenging job, interesting colleagues, salary $2000.00-$2500.00, depending on qualifications. Write Executive Director, Y.W.C.A., Ninth & High Streets, Des Moines 9, Iowa.

WORKERS WANTED

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ALASKA DEPARTMENT OF PUBLIC WELFARE
DISTRICT WORKERS—SOCIAL SERVICE WORKERS

Apply: Alaska Merit System, Box 201, Juneau, Alaska, via airmail, supplying minimum qualifications.

There are positions open at the present time for two District Workers and two Social Service Workers.

District Worker: salary range—$250 to $280 per month; appointments at the minimum; minimum requirements—college, 4 years; graduate study, 1 year at recognized school of social work which must have included courses in Child Welfare and Public Welfare administration and supervised field work in child and family welfare; experience—three years in the past six years of social work, one year of which must have been in Child Welfare, one year in Public Assistance and one year in a supervisory capacity.

Social Service Worker: salary range—$225 to $255 per month; appointments at the minimum; minimum requirements—college, 4 years; graduate study, 1 year at recognized school of social work which must have included courses in Child Welfare and Public Welfare administration and supervised field work in child and family welfare; experience—two years in the past five years in social work, one year of which must have been in Child Welfare and one year in Public Assistance.

WANTED: Supervising Director of Boys Court Service. Graduate training and experience in case work and supervision required. Salary range: $3,000—$3,600. Apply Department of Social Service, Church Federation of Greater Chicago, 77 W. Washington Street, Chicago 2, Illinois.

QUALIFIED CASE WORKERS with or without experience for day nursery and family work. Forty-five minutes from New York City. Prevailing salaries. Psychiatric consultation service. The Bureau of Family Service, 439 Main Street, Orange, N. J.

COUNSELOR as Unit Director in Co-educational so-called "progressive" camp, Summer 1946. Man who wants to learn and train, as well as teach and train. Camp Ironwood Community, 5521 Cates Avenue, St. Louis 12, Mo.

MANAGING EDITOR. Distinguished magazine specializing in social-economic articles. 8236 Survey.

CATHOLIC Family and Child Care Casework Agency needs graduate social worker. Opportunity for advancement. Good salary, according to training and experience. Catholic Charities, 418 N. Twenty-fifth St., Omaha, Nebraska.

CASE WORKER for Private Agency, Suburb of Chicago. Excellent opportunity. Good salary. Educational possibilities. Lutheran Child Welfare Association, Addison, Illinois.

TRAINED, experienced children's caseworker Yakima branch, Washington Children's Home Society, serving five scenic, central counties. Agency provides automobile. Starting salary $2280 to $2520, depending on qualifications. Travel expenses will be paid to Yakima. Opportunity for worker with initiative in a progressive private children's placement agency. Address inquiries to Box 90, University Station, Seattle 5, Washington.

HOSPITAL ADMITTING WORKER for large hospital in Northern New Jersey. Experience in public welfare or other social work desirable. 8245 Survey.

WANTED: Program Director, man or woman, with social group work training for Neighborhood Center in Oregon. Salary commensurate with experience. Good opportunity for right person. 8248 Survey.

CASE WORKER with graduate training for Child Guidance work in central Illinois town. Psychiatric experience preferred. 8249 Survey.

CASE WORKER for position with child placing agency offering boarding care and placements for adoption. Liberal salary. Apply—Children's Bureau, 400 West Hill Avenue, Knoxville 42, Tenn.

PSYCHIATRIC CASE WORKER in a small child guidance agency within the metropolitan area of New York. Opportunity for intensive psychotherapeutic work with children under direction of an outstanding nationally known psychiatrist. Apply Jewish Child Guidance Bureau, 682 High Street, Newark, N. J.

EXPERIENCED, trained workers for adoption department, New York agency; salary open; Catholic. Also, trained workers for intake, homefind. Write 8250, Survey.

Directory of Social Organizations (cont.)

Health

NATIONAL JEWISH HOSPITAL AT DENVER, 3800 East Colfax Ave., Denver, Colorado. Samuel Schaefer, Executive Director, Chas. J. Kaufman, M.D., Medical Director. Free, nonsectarian for needy tuberculous adults and children. (Kosher dietary.) Maintains children's service. Medical, educational, vocational, occupational, psychological, psychiatric and social services. H. J. Corper, M.D., Research Director. Mrs. Ruth Axelrad, director of Social Service and Vocational Therapy. New York area: 19 West 44th St., Herman Sanders, director; applications to Mrs. Erna L. Lindenbaum, director of Social Service. Philadelphia area: 1831 Chestnut St., Harold Greenspun, director. Chicago area: 30 North La Salle St. Other applications through local Jewish Federation and Welfare Funds or direct to Hospital.

NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING—1790 Broadway at 58th St., New York. Ruth Houlton, R.N., Gen. Dir. Advisory Service, statistics, monthly magazine, *PUBLIC HEALTH NURSING.*

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From Veteran To Civilian

A Special Section

Survey Midmonthly, November 1945

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USO—National War Fund photo

FROM VETERAN TO CIVILIAN

"The veteran deserves better than to be treated as an emotional symbol." He is America's youth, and his hometown's job is to help him move into a secure future.

BRADLEY BUELL and REGINALD ROBINSON

THE TIME WAS 9:30 of a Monday morning late in September. The place was the Veterans-Information Center of Norfolk, Va. The scene might easily have been a Hollywood set, for some "stupendous" spectacle of military might and glory.

As if drawn by a magnet from the seven seas and the four corners of the earth, men in khaki, white, olive green, with service stripes and decorations earned in Italy, Normandy, Guadalcanal, the Philippines, milled about in this one small spot in their home town. Majors, privates first class, lieutenant commanders, seamen second class, crowded about the reception desk, stood in the waiting room, lined up on the steps outside, as they waited for "directives" toward new pursuits sharply contrasted with those to which their uniforms bore testimony.

Norfolk's Center had been open and operating in a leisurely fashion for some five months, but this Monday morning marked the first rush of demobilization.

Impact on Home Towns

Today, every community in America—large or small, rural or urban—is acutely conscious of the day-by-day return of its young men and women. Relief over the war's end, a new sense of moral and civic obligation, response to the color and excitement—these are feelings commonly shared by all of us. Deeper than these is the feeling of family groups. To these families, which make up a quarter of our total population, the return of *their* soldier or *their* sailor is an intimate and personal emotion which spreads out to relatives, neighbors, friends, and is becoming strongly embedded in the very fiber of the community itself.

It is well that this is so, for these men and women returning from the wars are our nation's young people. They will be the backbone of their community's future industrial, commercial, and civic enterprise. In the next immediate years, they are the men and women who will be establishing homes and rearing a new generation of Americans. Many of them have already passed from the dependency and irresponsibility of youth to the independence and maturity of social responsibility. These particular young people have lost precious years in learning how to cope with the central problem of every youthful generation—how to find and take its place in the realistic complex of civil and community life.

They want to get back fast. Their families and their communities want them to get back fast. And that is what is happening. Reports and estimates accelerate daily. As this is written, about 2,500 men a month are now returning to Richmond, Va. (pop. 250,000). By July 1946, and probably earlier, 9,700,000 men

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will have been discharged for the country as a whole. To Richmond, 25,000 will have come home—one tenth of its total population.

To the men themselves, to their families, to Richmond, even the most rapid demobilization seems slow. But measured in terms of the complex problems of social and industrial reabsorption, it is very fast indeed. The industries, the schools, the health and social agencies in every community are now facing an unprecedented challenge to gear their plans and services to a tempo of demobilization which has speeded up unbelievably, even in four months. The task is made no easier by the fact that problems of the veteran cannot be met on the basis of concern for him alone. What can be done for his employment, his housing, his health, and social needs must be done in a setting where employment, housing, and social service for the total community are of prime importance. The fact that many communities are in a state of flux adds to the sharpness of the challenge.

In facing this task, communities are fortunately finding their biggest asset in the resiliency and capacity of the GI himself. Just as he moved into the unfamiliar regime of military life, and demonstrated a capacity for doing what must be done, now he is demonstrating his ability to work out for himself with initiative and ingenuity, his practical return to civil life. In the majority of instances, the bounce back to a way of life which has been foreign to him for two, three, four years or longer, is no less than amazing. Already, we can see that the process of community reabsorption must rise to the level which our GI's are setting for themselves. Given reasonable employment and educational opportunities, there is no question but that most of them will land on their own feet in the tradition of American youth of every past generation.

Because that is true for the majority, the fact that an important minority are not bouncing back is not yet fully understood. After all, the 2,500 men returning this month to Richmond, or to Dayton, or to any other community, represent a cross section of citizens, reflecting an infinite variety of experience and capacity. They will return to widely differing family patterns and economic and social circumstances. Often, the circumstances of family and personal life will be an asset to the veteran, but by no means infrequently they will be a liability.

We do not yet know with certainty how high a proportion of men will be unable to cope, by themselves, with the problems of personal and family adjustment which face them. Unfortunately, communities, as yet, are not keeping records which make such information readily available. The extent of employment, or unemployment, is and will continue to be an important underlying factor. The inability to find suitable work inevitably creates strains which help cause emotional and family difficulties. We do know that in two cities where careful studies were made, Richmond and Dayton, this proportion is running between 15 and 20 percent. Opinion from other communities confirms this figure.

Furthermore both facts and opinion, so far, have been mainly based on discharges which took place before the rush demobilization of combat troops began. There are already indications that in addition to those men who have suffered actual casualties (few of whom had returned home by midsummer) the emotional disturbances resulting from combat, the horrors of jungle warfare, the boredom of inaction, the very length of separation, will make for a substantial ratio of men who will need help, and skillful help, if they are to return to independent self-sustaining civilian life.

We know that whatever this ratio may be, the problems which this group presents are serious ones. The public is most aware of (but probably least understands) the high proportion of neuropsychiatric difficulties. The serious incidence of mental disease was brought home forcibly to Americans when selective service figures were released showing that 1,825,000 men were rejected for this reason. The proportion now returning with a similar diagnosis is also high.

It should be realized that, to some degree, these proportions reflect advancement in our knowledge of nervous diseases and emotional instability. Psychiatrists in this war were better able to spot the people whose backgrounds and personalities did not fit them for military service. They are better able, now, to spot the person who will be likely to have difficulty in finding and keeping a job, and establishing a secure family life.

Long Range Problems

A different but no less serious problem confronts the young veteran to whom military experience has brought maturity, toughness, and self-sufficiency, but who now returns to a childish young wife whom he has seen only fleetingly, if at all, since they were married. He finds that she has botched her job of managing their home and children. A whole train of adjustment problems follow in the wake of his return. Similar difficulties face the man who must find a house so that his family can move out from under a mother-in-law's roof; or whose wife has divorced him; or who can't make up his mind about a job, or further education; or who is up against any one of an infinite variety of frustrating experiences and circumstances.

These are not only serious problems, they are also of long range. Evidence is clear that, in many instances, the veteran does not immediately recognize what he is up against, or at least does not realize that he needs help which might be forthcoming from some community agency. Matters drift, often for months.

During the next five years—indeed for the next decade—we may anticipate with certainty that there will develop personal and family crises which had their beginnings in this present period of transition from military to civilian life. When the glamour of the moment is gone, when the high excitement of "welcome home" is over, here will be the residual legatees of a community's failure to organize and equip itself, as of today, with services

FROM VETERAN TO CIVILIAN
His Community's Responsibility

Part I	**The Challenge to Leadership**
Part II	**The Priorities of Need**
Part III	**The Brass Tacks of Planning**
Part IV	**Eliminating the Run-Around**

A special section based on field studies financed by the Grant Foundation.

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Sketches in Part III drawn for *Survey Midmonthly* by Marshall Davis, formerly of the 314th Combat Engineers.

Cover picture courtesy of United Service Organizations, Inc.

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which can reduce these difficulties to a minimum. Here, in a practical sense, will be the "veterans problem" of tomorrow, evidenced in tragic personal dissatisfactions and a source of disturbing community discontent.

Communities Can't Sit Back

For the veteran who returns to Richmond, or wherever his home town may be, much is being done. But a great deal of it stems from Washington, and many communities have been too prone to regard the G.I. Bill of Rights as the main vehicle through which our obligation to the returning serviceman will be discharged. The truth is that for those who return without physical disability, the federal government provides certain immediate cash benefits.

In addition to mustering out pay up to a maximum of $300, the veteran unable to find a suitable job after discharge is entitled to unemployment compensation of $20 per week for a maximum period of a year. For a year's "free education," $500 is allowed for tuition and $50 a month for living expenses. Approved loans up to $2,000 for houses or to set up in business are guaranteed. He can shift his service insurance to a permanent basis.

The principal federal *services* as distinct from cash benefits include those of the U. S. Employment Service which will help him find a job and the Veterans Administration Center which will give him vocational counsel. Also, he is entitled to medical or dental care at the Veterans Administration, if he can demonstrate that his need is service-connected. If he is taking training or education under the G.I. Bill, he is entitled to medical care for any illness. He is entitled to free hospitalization at a veterans hospital, even if the illness is not service-connected, if he cannot pay for care in other hospitals.

The disabled veteran properly receives more specialized attention, the Veterans Administration providing for him many rehabilitative services. Pensions range up to $115 a month for 100 percent disability. Hospitalization and medical treatment including occupational therapy are provided as long as necessary. All disabled veterans are given vocational counseling at special centers set up for that purpose. In addition, the VA pays a living allowance, tuition and other fees during vocational training, although it does not itself provide or administer these training programs.

The facts in one community are again revealing. Last April a sub-regional office of the Veterans Administration was set up in Richmond to serve not only the city but twenty-nine adjacent counties. A large number of men have come to the office to convert their insurance and to make inquiries about loans and benefits. But only 335 actually filed applications for specific claims. Only 272 individuals had been treated by the Administration's out-patient medical service.

The G.I. Bill of Rights and the services of the Veterans Administration are not unimportant cogs in the wheels of service which communities must now be turning to assist their returned servicemen, but both need improvement. Bernard Baruch's report to President Truman points out that the G.I. Bill of Rights needs amendment, and the Veterans Administration needs reorganization and expansion. Even as they stand, they provide a *minimum* of financial and service assistance that can and should serve as an underpinning of the program for which the community itself must take responsibility.

However, the widespread popular attention, favorable and unfavorable, which has been focused on both the Bill and the Veterans Facilities has served to distort the perspective of communities, and to conceal the fact that when a veteran needs educational, health, social, vocational, and other services, he is not likely to get them unless his own community has them readily available for his use.

The emphasis upon the veterans information centers has tended to have a similar effect. To date, 286 cities have reported the establishment of these centers, including all but ten cities with over 100,000 population and over half of those between 25,000 and 100,000. These centers stand as testimony to a broad and sincere community intention to assist the veteran. As "information" centers, they are undeniably serving a useful purpose. The veteran can find them easily, their quarters are comfortable, the atmosphere is cordial and sympathetic.

Service Is What Counts

However, when communities feel that by setting up a center they have done their bit, they tend to become complacent. Yet the best of information centers cannot make up for meager psychiatric service, for lack of vocational training facilities, for a poor organization of case-work resources, for gaps and weakness at the point where the veterans needs must actually be met.

The strategic weakness in the majority of communities, today, lies in their failure to plan for the direct and specialized services which the veteran needs, over and beyond those now available through the G.I. Bill of Rights and the Veterans Administration. Particularly have they lagged behind in planning their services to meet the veterans problems of social adjustment. Employment has long been recognized as having a top priority among veterans requirements. The "right" reemployment in his old job has serv as a compulsion on industry to exami its whole veterans employment policy. many instances, large corporations p ticularly have proceeded intelligently a sympathetically to pay special attention the serviceman's employment needs. a lesser degree, perhaps, this is also t of our educational authorities. Since t passage of the G.I. Bill of Rights, th have known that a considerable numb of veterans would be demanding the v riety of opportunity for educational a vocational training made possible unc its provisions.

There has been no comparable advar compulsion on the social services. G erally speaking, communities have n seemed to be aware that the vetera need for skilled assistance in making p sonal and family adjustments is of equ importance to his need for employme and educational assistance.

In few places is there systematic reco ing of the facts necessary for either sh range or long range planning. Co munities do not know, easily and r tinely, how many men have now return nor the estimated number who eventua will return. They are not carefu evaluating the needs and experiences those already back, so that they c modify programs or plan expansion or sound basis.

Individual agencies do not know h many veterans and veterans families in their current loads. There has be too little review of the quality and qu tity of referral to the social agencies fr the veterans information centers, the V erans Administration, the Selective S vice Boards or the American Red Cr all of which come in contact with majority of returning men. Functio responsibilities of specialized agencies a agreements between them, never too cl in many places, have not been revie or clarified in particular relation to veteran.

Almost every community is aware certain gaps. The shortage of psychiatr is a popular subject of conversation. I there has been too little realistic proj tion of needs in other fields, or the re tion of needs to costs and personnel.

Need for National Leadership

The sudden and tremendous influx veterans is making these weaknesses parent. Communities are groping incre ingly for outside help and leadersh They are beginning to realize that th need is not so much for assistance leadership in modifying the specific te niques of casework, psychiatry, gro work, or medical practice to meet r situations or difficulties which the vete

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esents. Broadly speaking, community gencies have been getting help of this nd from the national agencies with hich they are affiliated or from governental agencies to which they have access. The agencies want help, and the local ommunity leadership itself wants help in ackling the total task of making resources easure up to needs. This they have not ad in any significant degree, and the ict that they have not, accounts in part r the present lack of preparedness.

Two years ago, the federal Retraining nd Reemployment Administration issued directive authorizing local representatives of selective service, the U. S. Employment Service, and the Veterans Administration to take the initiative or participate in plans to set up Veterans Information Centers. But it has given little no help to communities in establishing ese centers or in working out standards administration, personnel or procedure. he National Committee for Services to eterans of the National Social Work ouncil has published two useful pamhlets primarily designed to implement ie information center program and to eal with general questions of local committee organization. Beyond this, there is little to report.

There is opportunity, indeed a growing demand, for a national service equipped to give American communities the leadership which they need. Already, all over the country, there is a rich and realistic experience with community organization in behalf of veterans, which has not been analyzed, synthesized or made available in useful form. This is true not only in respect to his social adjustment problems, but in lesser degree in respect to his employment and educational problems. Although in these latter the dimensions are clearer and the broad needs reasonably well understood, the "know how" is still developing, community by community, each working in altogether too watertight compartments.

Unfortunately, the time is late. Half of the men, excluding the occupation forces, are more than likely to be home by midwinter. Local patterns are rapidly becoming fixed. A national service, even if brought into being immediately, could not do the job which might have been done a year ago.

From here on out, the task is not so much one of publicity about the veteran who will return, or of setting up centers and other organizational devices, as of giving communities assistance, with skilled field service, in implementing the machinery which they have already established. The approach now must be much less in terms of the immediate problems after discharge, and much more in terms of longer range problems which will develop. No national service would be worth much if it did not fully recognize that among these long range problems those requiring the skills of social, welfare, and psychiatric service were of high importance.

Without benefit of needed national service and leadership, most communities are doing the best they can to meet this problem. The challenge of our obligations to this youthful generation is finding many takers. With characteristic initiative and ingenuity, the people of American communities are really making the effort. To be sure, a great deal of it is "muddling through." But the authors of this report are hopeful that the net result will do credit to America's right intentions.

II. The Priorities of Need

By the end of September, 76,023 men had been released from the veral branches of the armed services, ith a medical diagnosis of psychoneuros. They represented about 15 percent the 3,000,000 men who had been disarged up to that time. When to this ict is added data from special studies ade in Richmond and Dayton, one can ave but little doubt that the veterans roblems of personal and social adjustent constitute an imperative priority for ommunity action.

Approximately one third of the vetans cases so far handled by the five maor casework agencies in Richmond were need of psychiatric service. It is this itio of one to two which is significant, nce a diagnosed psychoneurotic condion is only one evidence of maladjustent. There are other manifestations hich may be just as serious and inimical the happiness and stability of the invidual or his family. An earlier study Dayton, using somewhat different data, id shown that about 17 percent of the en returned were represented in the ises of the social and health agencies contrasted with 10 percent of the genal population.

Proportions such as these will vary om community to community and may ange as larger numbers return, but it is already clear that a significant number of the men now returning are facing complex personal or family problems.

The Richmond study, also, gives a picture of some of the types of personal and family difficulties with which returning veterans are struggling. In about 20 percent of the instances where service was rendered by casework agencies, either the veteran or his wife were in an upset emotional state, showing evidence of erratic behavior, although they could not be classified as mentally ill. In some 30 percent of the total group, the veteran's family had broken up completely or marital relations were so strained that a crack-up was imminent. Some financial assistance was needed by nearly two thirds of these families. In a large majority of the cases, the problem which had brought these families to the Richmond agencies centered around the mental and emotional state of the veteran himself. According to the caseworkers, in the families where there is no service connection it is more frequently the wife who is the center of the problem.

Some measure of the seriousness of the problems is to be found in the fact that the prognosis on these cases was about evenly divided between fair or good, and poor. That is, in about half of the instances, the caseworkers who were serving the family felt that there was a reasonable chance that the veteran would find himself, meet the situation with which he was confronted, be able to keep his family together, and achieve independence and self-sufficiency. In the other half, they felt the chances were badly against it. Either the situation was so serious, or the veteran had come to the agency so late in the development of his difficulties, that there was little of a truly constructive nature that could be done to help him.

What is happening in Richmond, and in other communities, is that a growing proportion of veterans are finding that the picture of "home" seen through a rosy hue from distant foxholes and drab barracks and the picture of "home" seen at close range, complicated by intimate relationships and practical civilian problems, are not quite the same. Communities need to sense this difference quickly. In the realistic experiences of the men who are already back, we can best find the "directives" for the kind of community action which at least may prevent some of the disillusionment and personal tragedy that always has come from the backwash of war.

When we examine the problems of these men who are already experiencing difficulty, what do we find? We find that they are very human, often very com-

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plicated, and frequently serious problems —more serious, in the judgment of the Richmond workers at least, than those normally found in the non-service connected families which come to them. Roughly and for descriptive purposes only, we may say that their difficulties fall into several discernible classifications, which are by no means mutually exclusive. Indeed, from the standpoint of the particular veteran and his family, the gravity of his total problem is evidenced by the fact that, more often than not, the several types of situations are found in combination.

Problems of Emotional Instability

These are the problems which show up primarily in the personality and mental condition of the veteran himself. They range from cases of paranoia, acute alcoholism, and other readily-diagnosed mental diseases, to chronically nervous and unstable personalities. In general, here are the men whose fears and anxieties have become so acute that normal social and vocational activities are blocked.

An example is a thirty-nine-year-old marine with two years of combat service, discharged with a diagnosis of paranoia, who fears that his wife is unfaithful, and mistreats her so that she leaves home. His fifteen-year-old boy is under the supervision of the juvenile court. An infantry corporal, obviously very emotionally upset, is described as a "changed man," abusive and alcoholic, jailed for a time on a rape charge. His wife plans to leave him. Another young man, harassed by a dominating mother-in-law, worried about his wife and young baby, has abandoned his original plans to return to medical college. There is the widower, with an excellent army record, who is fighting alcoholism and who must still keep his children under the care of a child placement agency. And there is the veteran who served long and ably in the Seabees, a stable man himself, who, if he can secure psychiatric treatment for his attractive but neurotic wife, feels that he may have a good chance to keep his home together.

Problems of Family Relationship

Divorce has already written finis to some of the "hasty marriages" that were a fruitful topic for yesterday's headlines and feature writers. No one doubts that the number will increase. But divorce is only one of the evidences of the family relationship problems which the veterans are finding very difficult. Long separation puts a strain on the affectional ties of family life. Where there were actual or potential stresses before, where the veteran or his wife have changed in their outlook, interests, values, where either has not held too loyally to the other, reunion brings with it inherent difficulties. In other cases, desertion, separation, failure on the part of the veteran to support his family, may be forerunners of divorce. Sometimes, in spite of quarrels, suspicion, and misunderstanding the ties are sufficiently sound to warrant hope that strong, normal family relationships may be restored.

So it is with a former petty officer, whose wife was so upset over his absence that she used every possible device to procure his release, meanwhile neglecting herself and little boy. Her husband is back now, working sympathetically and carefully to give her a sense of security and normalcy. Quite the opposite is true of the lieutenant, with an honorable record as a combat pilot, whose wife went to California while he was away, deserted their child, eventually divorced him and remarried. He is now trying to obtain the permanent custody of the child.

Discouraging, also, is the situation of the veteran who was discharged during his combat training, whose wife's parents never did think much of him, and who now feels defeated, that life is against him. His wife flatly told him that she didn't want him if the army didn't, and has deserted, taking their child with her. But in another home the return of the husband from overseas is pulling the family together. While he was away, his wife was in a bad emotional state. She was working and unable to keep her children with her. Now that the family is reunited, she is happier and more contented.

Economic Problems

The fact that veterans or their families required some financial assistance in two thirds of the 531 adjustment cases handled by the Richmond agencies may easily be misleading. Actually, in few of these was lack of funds the primary difficulty. The man's problem was something else, but in connection with its solution some temporary financial help was necessary. He was waiting adjudication of his pension claims and needed to be tided over for a period of a few weeks; he was nervous or ill and wages were irregular; or he was in debt and needed help in planning his way out. At the time this study was made, employment was good and there was little or no necessity for the type of financial assistance which comes simply because an able-bodied man cannot find work, and gradually exhausts the resources which he had accumulated.

Even these emergent financial problems however, are not to be underestimated. In the case of the four children whose father a sergeant with an overseas record, has been very irregularly employed since discharge, and is now planning to divorce his second wife, financial help is important. The veteran whose job depends on the weather (which was bad this summer) and who is now, because of irregular wages, threatened with foreclosure on his home also has financial needs. An ADC grant to their grandmother is the salvation of three children whose mother was brought into court for "going out," whose father had been dishonorably discharged from the army for drinking and who has now deserted his family completely.

The veteran who comes home with

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"This is the brother I told you guys about"

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disability may not immediately need medical care beyond that already provided by the army or the Veterans Administration. But his very disability is apt to complicate his family life, his vocational career, his efforts to achieve social satisfaction. Although relatively few of the more serious battle casualties were yet back in their own communities when the material for this report was gathered, these few are rich in evidence of need for skilled assistance of many kinds.

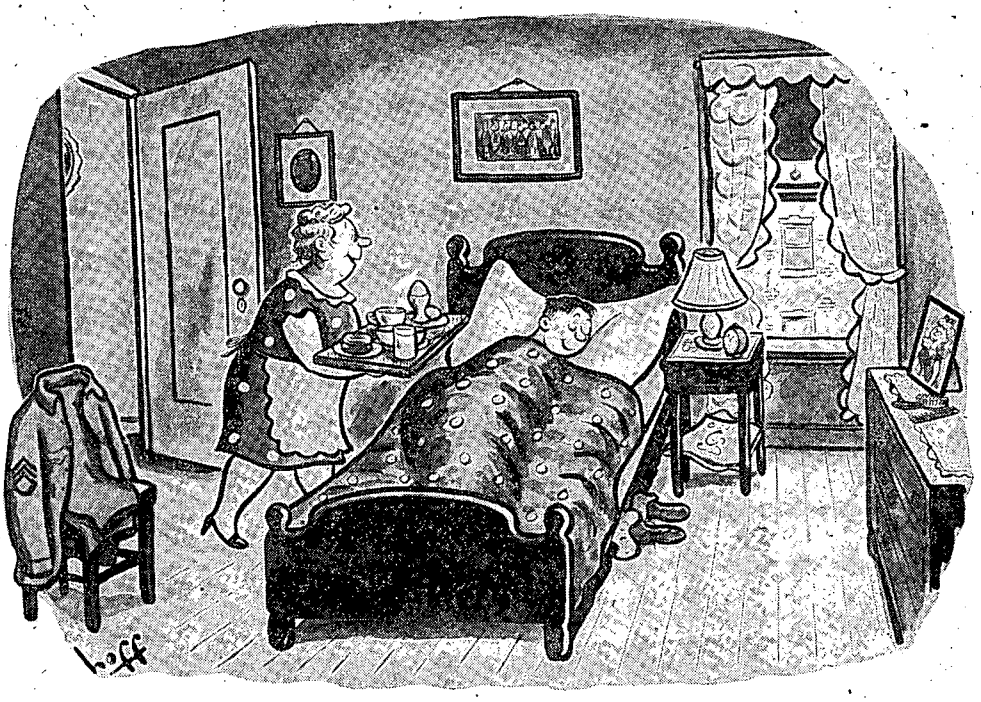
Health Problems

The sergeant whose back had been broken and who is now bedridden, paralyzed from the waist down, should have not only nursing and medical supervision in his own home but a chance for occupational therapy. Both he and his family need help in imaginative planning for activities and experiences which will give him a maximum of satisfaction. Other services were also needed by the wounded flyer, who had been discharged from the veterans hospital as cured. But the responsibility of his family proved too much for him. He has not been well and is now returning to the hospital. Meanwhile, his two children have been provided for, and it is hoped that when he returns from the hospital again, the family may be reestablished.

Although it is too early to be certain, there is at least the possibility that the strains and hazards of army life will have produced susceptibility to illness that will be difficult to attribute as service-connected. If this proves true, there will be more cases like the veteran who, some months after discharge, developed a kidney condition which is keeping him from steady work. He needs a thorough medical examination and appropriate treatment, but unless he can demonstrate that his difficulty is service-connected, he is not eligible to secure this at the Veterans Administration.

Still another type of health problem is beginning to be apparent. This occurs where veterans have been ill, while in the army, from one of the communicable diseases — malaria, tuberculosis, syphilis, gonorrhea, beriberi (particularly among men who have been prisoners of war). These men are not returned home until they have had full army medical treatment. Nevertheless, there is always danger of the recurrence of the disease, and public health measures are necessary in the interest of the man himself as well as the community.

Data gathered in Richmond showed that about 7 percent of the men already back have needed out-patient service and medical care, either at the Veterans Administration or elsewhere. This figure may become proportionately higher or lower as demobilization goes forward. Many of the men will be those who have done the fighting and who are returning in fine physical condition. On the other hand, on V-J Day, there was a backlog of half a million men in army and navy hospitals who had not been released. As these men come back to their home communities, many will bring health problems—some of them long time problems.



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"Good Morning, MR. CIVILIAN"

Leisure Time Problem

One does not ordinarily think of "leisure time" or "recreation" as a problem. Rather it is seen as an often longed-for opportunity. Yet as one examines the histories of veterans who have returned, it is clear that they have had just as many difficulties in reorienting themselves to a new social life as to their own families, or to jobs. The youth of yesterday finds that his old gang of three or four years ago has disappeared. Some have not come back from the army, others have married and moved away, left town to take jobs or to go to school. His girl friends have grown up and married or found other friends during his absence. He therefore returns to a social vacuum, in which he must start from scratch to find new friends.

This difficulty in finding a social group to which he can belong especially hits him since that has been one of the rich values in his military life. He has leaned on his buddies in his tank crew, on shipboard, or in his bomber crew. He looks back upon that association with nostalgia and feels lost without a civilian substitute.

Perhaps because of their military conditioning, veterans so far have turned to athletics more than to any other specific interest. But this has been largely in terms of use of facilities for individual exercise, rather than through participation on teams or in other group programs.

Again, many of the young men now returning as captains, majors, lieutenant commanders, have been showing leadership in carrying responsibilities far beyond those of the civilian positions from which they went, or to which they are returning. For the time being, at least, they must now look for opportunities in their social and civic life which will give the satisfaction which comes from the full use of these capacities.

Finally, the young veteran in his early twenties is quite aware that he has missed out during the three or four years when he would normally be circulating among the girls of his home town. He is terribly anxious to make up for lost time. But frequently he finds that he doesn't know any girls, or know how to meet them.

THESE ARE SOME OF THE MORE SERIOUS and specific problems which indicate that the youthful generation now returning must go through a not too easy period of readjustment and reorientation. They are problems which differ not at all in kind from the difficulties of youth and of families anywhere and at any time. But the many facets of war experience are making them more serious in degree and more numerous in relative proportion. Certainly they define an area of concern of which communities must promptly become aware. The task of planning, expanding, or modifying services available at present is one that should command the immediate attention of the community's ablest leadership.

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III. The Brass Tacks of Planning

WHAT CAN A COMMUNITY do to plan, expand, or modify its services so as to insure their maximum usefulness to the young men and women now returning home? A first need is for appropriate planning committees under the auspices of the council of social agencies or some other over-all planning body. These committees should include the community's best and strongest citizen leadership, and its best and strongest professional brains and skills. They should not only represent particular areas of service; they should also be concerned with the task of total community planning in the interest of the whole veteran—his personal and family adjustments, his health and recreation, his education and employment.

The step beyond the set-up of these committees, however, is the crucial step. The actual service which the veteran receives will depend upon the capacity of his community's leaders to wrestle with the realities of the particular situation. They must get facts, define issues, find solutions, and translate those solutions into practical action.

The material in the succeeding pages of this report will, we hope, be suggestive to communities which are now considering what to do and how to do it. We have tried to define some of the major problems as we have found them, to indicate the type of facts which are pertinent to their analysis, and to suggest the broad lines of community organization policy needed for their solution.

A. Social Adjustment Services

Realistic community planning to meet the veterans problem of social adjustment must start with the premise that the main brunt will fall upon, and should be borne by, the community's social casework and mental hygiene agencies. No good purpose will be served by trying to avoid that fact. Such personal and family difficulties as were described in the preceding section are intimate, complex, deeply rooted in intricate factors of personality and human relationship. The two professional skills competent to deal with such difficulties constructively are those of the psychiatrist and the social caseworker. In cases where there is diagnosed psychoneurosis, both skills are usually necessary, the caseworker supplementing the treatment plans of the psychiatrist.

The communities which were visited in collecting material for this report, were all very short of psychiatric service. They were aware of this shortage and knew that it would become acute as more veterans needing treatment returned.

There was also a shortage of skilled caseworkers. But there was much less community awareness of that fact, and relatively little realistic anticipation that the adjustment problems of returning servicemen would, or should, add substantially to casework agency loads. This lack of awareness seemed to be due to the fact that, although the proportion of returned veterans receiving agency service was both significant and prophetic, the impact of demand upon the agencies was not yet obvious. Only a small part of the total number of veterans had yet returned when these studies were made. Even among those who had returned, except at the American Red Cross to which large numbers of men come soon after return, there was a substantial time lag between discharge and the appearance of the veteran or his family at the agency for service.

In order to get a clearer picture of the potential need for casework and mental hygiene services, and of the community planning issues involved in meeting that need, a special study was undertaken in Richmond, Va. Made with the assistance of the Council of Social Agencies and the individual agencies involved, it revealed certain facts and posed certain questions which our more general information indicates are pertinent to community planning in many cities.

The Situation Studied

Richmond has five principal casework agencies: the American Red Cross, the Family Service Society, the Children's Aid Society, the Bureau of Catholic Charities, and the Travelers Aid Society. There is a neuropsychiatric clinic in connection with the Medical College of Virginia. The Social Service Bureau of the Public Welfare Department gives relief and financial assistance to families, but casework service is limited to those eligible for public assistance.

Thirty-three full time and seven part time caseworkers, and eight full time and two part time supervisors make up the staffs of these five agencies. The clinic has one full time psychiatric social worker, with psychiatric service given by the teaching staff of the college.

As of September 15, the workers in these agencies had given casework or psychiatric service to 531 veterans with more or less serious adjustment difficulties. This was from a total of 3,905 veterans who had so far returned to Richmond. If this proportion were to hold for the 30,000 servicemen who are expected to return, some 4,100 veterans cases would find their way into the service loads of these agencies during the next twelve to twenty-four months. Even granted that this projection has only limited statistical validity, it does broadly outline the proportion of the demand which may impend.

What any part of this increased demand would mean to the agency is seen when such figures are looked at in conjunction with two other facts: first, that the total case loads of the agencies, including both veteran and civilian cases, in September was 1,909; and second, that the veterans cases so far handled have on the whole been more serious and complicated than the civilian cases and have thus required more service with less rapid turnover.

Current Agency Experience

Analysis of the current experience of the individual agencies helped to clarify the picture further.

To date, the American Red Cross has handled more veterans cases than all of the other agencies combined. But during the war it has carried, and still is carrying, a very substantial caseload of families whose men are in military service—not yet returned as veterans. In July, out of 1,409 active cases, only 187 were veterans; in the majority of cases, the men of the families were still in the armed forces. As demobilization proceeds, this balance will shift. By next summer a high proportion of its total caseload will be veterans; and a low proportion, the families of men who are still in service. Present indications are that its total load may increase.

In the children's agency, the situation is somewhat the same, although the number of cases is not large. That is, children of servicemen have been placed in foster homes where the family situation required it. As men return, there will be a similar shift in clientele from "servicemen" to "veterans."

The contrary situation exists in some of the other agencies. The Family Service Society, for example, has been carrying relatively few cases of families of servicemen. Most of the 44 veterans cases so

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far handled were new cases, not known to the agency before. Even at the present ratio of veterans cases to men returned, one can predict that the Society's intake and active caseload will be increased by about one third. If the proportion increases, as seems quite possible, the additional load will be proportionately greater.

Facts and Forecasts

Of the 531 veterans families receiving agency service because of serious adjustment problems, only 36 were reported by the neuropsychiatric clinic. Since the clinic was even then working to full capacity, this throws into sharp relief the meagerness of Richmond's mental hygiene services. In the judgment of the casework agencies, some 23 percent of the 531 cases should have had diagnosis, treatment, or consultation from a psychiatrist. Moreover, if the average ratio of 15 percent for neuropsychiatric discharges from the armed forces holds good for Richmond, nearly twice as many men have come back with this disability as have so far been reached by all the agencies combined.

These facts are helping Richmond face the realities of its problem. The need for additional full time psychiatric service is clear. By projecting present experience, one can predict that by the time all of Richmond's veterans are back, there will have been some 1,300 who will have required psychiatric diagnosis, treatment or consultation. This is probably a minimum estimate. The neuropsychiatric clinic

at the Medical College now serves about 600 cases a year. As yet, only a few of these are veterans. Conservatively estimated, the clinic or some agency should be equipped to handle at least three times as many veteran and civilian cases during the next twelve to eighteen months.

In comparison, the probable need for expanded casework service is less dramatic. As indicated above, in the Red Cross, and to a much less degree in some of the other agencies, current caseloads include the families of men now in military service. As these men return there will be a statistical transfer from "servicemen's" cases to "veterans" cases, which will bring down the net increase in agency loads. However, on the basis of experience to date, one can roughly estimate this net increase at around 1,000 new cases during the next twelve to eighteen months. All other things being equal, this would probably require a staff expansion of about one third in Richmond's combined group of casework agencies.

Richmond planning groups understand that these estimates were speculative, as of the time they were made—the middle of September. Nevertheless, on that basis they are beginning to define the proportions of their coming task. Similar factual data kept up to date, will enable them to see with reasonable definiteness and clarity, six to eight months from now, the exact situation with which they will then be confronted.

Personnel Shortages

Richmond must now face the fact of personnel shortages and do what can be done to meet them. In a broad sense this is a national problem and its ultimate solution is dependent upon national leadership and action. Richmond, Dayton, Norfolk, St. Paul, St. Louis, and every other community basically are up against the same problem. At present, not only are they competing with each other for psychiatrists and caseworkers, but the different agencies within each community (and the national agencies with which they are affiliated) are also competing with each other. Coordinated recruiting and training plans at the national level are badly needed. The one effort of this kind in the casework field, conducted for two years under the auspices of the American Association of Social Workers, unfortunately is now quiescent because of lack of funds. In the psychiatric field, the principal effort, sponsored by the National Mental Hygiene Committee, is for a federal program which would include scholarships and subsidies for the training of psychiatrists.

The local community, however, cannot wait for a national solution, although they can lend their aid and support to any plans which ultimately are formulated. Their young men and young women are back, or soon will be. They must do what they can now to make the best of the situation.

The Richmond Community Chest, for example, has already appropriated $15,000 for additional psychiatric service, and is going aggressively into the market for psychiatrists. As trained men are released from military service, it is in a position to take prompt advantage of their availability. The Norfolk Community Chest, after a thorough study of all of its casework services, has appropriated sufficient funds to staff a new consoli-

dated casework agency. In many other communities, money is being similarly appropriated for staff, as soon as personnel can be secured.

Richmond recently came firmly to grips with another perennial problem. Casework salary levels have been low in comparison with many other communities and with the wartime agencies which have made a heavy drain on local agency personnel. This year's budgets include an increase all along the line. Nationally the net demand for workers during the coming months will still be greater than the supply. However, caseworkers will be returning from the armed services, from overseas, and from other immediately war-connected activities. By its action, Richmond is now in a better position to recruit needed personnel during a period when the situation will be more fluid than it has been for some time.

During the past year, the Indianapolis Community Chest has set a precedent that is worth noting. On the assumption that personnel shortages were long range, rather than emergent, it appropriated $30,000 to provide, during the next five years, scholarships which would send likely candidates to the Graduate School of Social Work at Indiana University. Casework agencies in Cleveland, Detroit, New Orleans, and other cities in which schools of social work are located, have long had established working arrangements allowing for field service for students and employment upon graduation.

Whatever may be the specific and practical steps which a particular community can take to meet its personnel problem, one basic point is worth making. Plans should be made jointly by the agencies whose requirements must be met. Not only is there strength in unity, but competitive bidding between agencies

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is disruptive of any real solution of the problem. Under the auspices of the Council of Social Agencies or some other over-all body, a committee representing not only the professional workers in the agencies but the lay leadership of the community should undertake a statesmanlike and realistic approach to this central issue.

TIGHTENING UP

Another step which any community can take is to "tighten up" its present services, and put the now available casework and mental hygiene resources more efficiently to work in the veterans interest. No two communities will need to do exactly the same things. The set-up of agencies and services vary and with them the specific measures which would help improve the over-all community efficiency.

There are, however, a number of underlying issues which, upon examination, will be found to be present at least in most urban centers.

Role of the Red Cross

The first is a question about the future community role of the home service program of the American Red Cross. Any systematic effort to make the best use of the total group of casework agencies, including the Red Cross itself, is dependent on the answer to that question. At present, the Red Cross, as far as service to servicemen's families and to returning veterans is concerned, dominates the local scene.

The breakdown of the July caseload in the Richmond Red Cross chapters illustrates the point. In that month, 1,409 families were served. Of these, 187 were families of veterans; the remainder, families whose servicemen were still in the armed forces. About three quarters of the 187 were cases where the principal need was for minor service or temporary financial assistance while the veteran was filing claims and waiting for their adjudication. But in some 45 cases, or nearly 25 percent, the workers had identified serious adjustment difficulties which required psychiatric service or extensive casework service, or a combination of both.

Service to servicemen's families and temporary assistance to veterans while claims are pending has been a traditional Red Cross function. But what communities must now decide is whether or not they should look to the Red Cross from now on as their principal resource for casework service to the veterans families which have more serious and complicated adjustment problems. By a series of natural circumstances, but with little conscious community planning, the trend had been in that direction in the cities where we were able to gather precise data. In Richmond, for example, 387 of the 531 veterans families so far served by its five casework agencies and identified as having the type of serious problems described in the preceding section, were Red Cross cases. Our general information would indicate that a somewhat similar situtation exists in many other communities throughout the country.

If, in a particular city, the Red Cross is to do that job, community planning must make sure that it is equipped to do so. Agreements and understandings with the other casework agencies must be worked out so as to eliminate confusion and prevent the type of "run-around" to which the veteran and the veteran-conscious community now so violently object. Generally speaking, also, Red Cross caseloads now are very large. Individual workers often carry one hundred or more cases. This may not be too much where the service required is of a temporary nature. However, a standard family casework agency looks with disfavor on having a worker carry a load of more than twenty-five or thirty-five cases where complicated problems require skillful and constructive handling. Red Cross chapters will need to segregate their loads, as they were doing to a degree in Richmond, and give their best personnel a smaller number of cases when intensive service is required. They will also have to arrange for psychiatric service, including diagnosis, treatment, and consultation, in the many instances where that is necessary.

The other alternative is to maintain the Red Cross' traditional role of temporary service pending claims adjudication. This would mean clarifying and speeding up its referral policies so that the more serious problem cases can be quickly handed on to the community's family casework agencies.

Such a policy has advantages where there are other casework agencies whose quality of work is of high standard. The problem which the veteran brings to them is in general the same type they are accustomed to handle. Their approach is a generalized approach—that is, they are concerned with the diagnosis and treatment of the difficulties inherent in a total family situation, rather than with the specialized treatment of only some particular aspect of it. Such a policy, moreover, would avoid a long-run trend toward the development of another complete service set up for one particular group in the community. In the past this has proved to be disruptive to efficient and economical community organization.

It would be dangerous to lay down any rigid national pattern to guide local communities in deciding this issue. Veterans are returning rapidly, their need for service is increasing, and each community should determine its basic policy now, in order to plan for the best use of the agencies at its disposal. But failure to make a clear decision will result in inevitable competition between the Red Cross and the community's other generalized casework agencies, and in confusion, both on the part of the veteran and the public.

Use of Psychiatric Service

A second point well worth examining is whether or not maximum and efficient use is now being made of whatever psychiatric service is immediately available. A psychiatrist, assisted by a psychiatric social worker, can handle only a very small number of cases at any one time for full psychiatric treatment. After diagnosis, treatment usually takes a long time, requiring many personal interviews with the patient. This means that the turnover of cases is slow and that in a given period only a few new ones can be added to his load. On the other hand, diagnostic service, and even a limited amount of consultative service, given through the casework agencies can put at least a measure of the psychiatrist's scientific knowledge at the disposal of a much larger number of clients. Consultative service can be a real factor in preventing serious developments in situations where the client is not really mentally ill, but is neurotic or emotionally disturbed.

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Tempo and Intake

A third point to be given practical onsideration is the tempo of service. Workers serving veterans report that here is a readiness, even a demand, on heir part for swift and decisive action. n many instances, the families are at a najor crisis brought to a head by the vet- ran's return, and the acuteness of the ituation is recognized by the clients hemselves. Speedy diagnosis and swift reatment procedures are really called for nd if provided will step up client turn- over and make it possible to serve more amilies in a given length of time.

Closely allied with this is the import- nce of skillful and discriminating intake olicies. A judicious balance between the umber of cases accepted for long and areful treatment and those offering op- ortunity for quicker and easier adjust- nent, can help insure that the agency's imited facilities are working to the best dvantage of the total group of veterans. n instances where there is little hope of uccessful casework treatment, more au- horitative supervision by official agencies uch as Richmond's Juvenile and Do- nestic Relations Court and its probation taff may well be the best solution.

Role of Authoritative Agencies

Indeed, an examination of the division f functions between the casework gencies and the official agencies whose ole is primarily authoritative and pro- ective, may well result in understandings vhich would make for a more efficient se of each. In Richmond, for example, pproximately 30 percent of the total umber of veterans cases so far served y the Family Service Society had either een referred by, or were concurrently eing handled by, the Juvenile Court and Domestic Relations Court. Some of hese cases included non-support, di- orced or separated families, alcoholism r other situations where the Family So- iety saw little possibility of reestablish- ng family unity. In others, there was nuch more hope. A study of these cases is ow under way. On the basis of the ndings it is hoped to establish policies hat will make it possible to sort out those ituations which can best be handled by he probation staff of the court and hose that can best be served by the staff f the society.

Financial Assistance

Measured in dollars, the veterans need or financial assistance through direct re- ief has so far not been great. The state f the employment market, plus eligibil- y for mustering out pay, unemployment ompensation, disability pensions, and ther benefits have reduced financial ringencies to a minimum. For this very reason, now is a good time for any community to examine its resources and policies so that it will be prepared to meet a greater volume of demand, if and when it occurs.

What financial need there has been to date has been met mainly by the Red Cross, which in Richmond had given aid to about 8 percent of the men already back. A few cases were receiving as- sistance from the Public Welfare De- partment and from the other casework agencies. It is not improbable, how- ever, that this situation will change dur- ing the next twelve months, when many more men are back. As initial resources become exhausted, individuals will find it difficult through earnings alone to make up for the regular allotments their families have been receiving while they were in service.

For the private agencies, this will raise the question as to whether the main bur- den of financial subsidies will continue to be borne by the Red Cross, or whether more of it must be assumed by the case- work agencies financed by the Community Chest. For the public agencies, it means a careful examination of resources of the public welfare department and of policy agreements between it and the private agencies in respect to particular types of cases. If, during the next twelve to twenty-four months, as is now predicted by some authorities, an over-all total of six million men become unemployed, the public department's load of unemployed veterans cases inevitably will increase. Much of the community's ability to dis- charge its obligations to its veterans will depend on the ability and capacity of the public department to give adequate and prompt aid through general relief rather than through categorical assistance.

Reorganization

Finally, many communities may well examine the basic organizational struc- ture through which their casework and mental hygiene services are provided. The existence of a number of separate ad- ministrative units has long made for ad- ministrative waste, tended to confuse the client and the public, and been a deter- rent to a rapid formulation of community plans such as the veteran is now demand- ing and expecting. Prior to the war, and even during the war years, many com- munities have been moving towards a consolidation of different types of case work agencies, which combines their spe- cialized professional skills in a single strong administrative unit. It seems al- together likely that this trend will con- tinue at an accelerated pace.

In facing such an issue in the immedi- ate interest of the veteran, however, a community should be practical about it. Major reorganization or consolidation is a process almost always accompanied by an interim period of organizational un- certainty. If the ground has already been laid and the community and the agen- cies involved are ready, the present mo- ment may be opportune. But if that is not the case, the veteran's interests may be better served by delay until his long run needs are established. The next twelve to twenty-four months will be crucial ones. During that period, the volume of veterans demands must be met successfully if the agencies are to obtain the confidence of the veteran and of the community.

B. Related Areas of Need

Although this report has stressed the importance of the veterans personal and family problems, he has, quite obviously, other needs for which the community should do some planning. In no one area can his problems be considered in a vacuum. The veteran must be seen as a whole person, not as a personality split into innumerable separate parts. To this end, plans for the community's ser- vices in all these major areas must be integrated. Therefore, in order to com- plete the total picture, we are including in the latter half of this section the high- lights of material gathered about five other fields of community service which should contribute to his successful re- orientation to community life—medical service, recreation, vocational guidance, education and employment.

In the communities visited in prepara- tion for this report, the issues ahead in connection with medical service and rec- reation seemed neither so clear cut nor so acute as in the mental hygiene and casework fields. Indeed, because mental hygiene is itself a medical service, health leaders were concerning themselves pri- marily with problems in that field, and giving less attention to other phases of the medical care program which might be required by the returning veteran.

It was also apparent that recreation agencies would need to make certain shifts in their current program if they are to meet the veterans leisure time interests.

Since almost every veteran will want a job, later if not immediately, education and employment facilities must receive, and indeed are receiving, a top priority in community planning. Indications so far are that upwards of 10 percent of the veterans want further education. No community can help but realize that the

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veteran's ability to obtain satisfactory employment, or pursue his education successfully, has a direct and important bearing on the whole process of his adjustment to civilian life. For many of them, success at these key points can contribute the factors of confidence and security which are the essential bulwarks against potential frustration and deteriorating personal and family relationships.

Medical Care

As far as medical services are concerned, the crux of the matter—and the thing which every community needs to determine with as much precision as possible—is how much service the veteran is getting, or is going to get, from the Veterans Administration. This is not merely a question of what he is entitled to by law or administrative regulation. It is also a question of the practical extent and availability of the VA's service in a particular community.

As to the first, the situation is reasonably clear. The VA does assume responsibility for a big block of the medical care which the total group of veterans (but not their families) will need. The disabled veteran has been given complete medical and hospital service before he returns. All veterans at any time can get either medical or hospital care for a service-connected illness or disability. All veterans can get hospital care, if they need it and can't afford it, regardless of whether or not the illness is service-connected. For the ordinary illness or injury which may come to anyone, the veteran like any other member of the community

must turn to his private physician, or to the community's out-patient clinic and nursing services. There is some opinion that his needs for such services would differ in a substantial degree from those of the general population.

Communities differ greatly, however, in the practical availability of Veterans Administration services. Last summer in Dayton, the VA's only out-patient service was in connection with the regional office which served half the state of Ohio. Richmond now has a subregional office, which must serve twenty-nine Virginia counties. The VA is now in the process of extending its medical services as far down into local communities as it can. How far it will and can go in making them practically available to communities everywhere, is still uncertain. Meanwhile, many communities will find that if the veterans medical needs are to be met, they will have to supplement both out-patient and hospital services, especially in emergencies. Facts as well as policies worked out in conjunction with the VA relevant to this point are just as important to sound planning as those relating to the veterans need for mental hygiene and casework services.

Recreation and Group Work

At the time material was gathered for this report, recreation and group work agencies in the cities visited had given little consideration to practical readjustments which they might be called upon to make in order to meet the needs of the veteran. Yet it seems clear that these community agencies have before them a real opportunity and that an appraisal of their role is an important part of any community undertaking in the veterans interest. Several points are worth noting in this connection.

Because leisure time interests vary with different age groups, only a part of the community's recreation and group work agencies are concerned with men and women, eighteen to twenty-five or older. These include the public recreation departments, YM and YWCA's, YM and YWHA's, settlements, boys clubs, and other agencies in particular communities. They do not include the organizations whose principal concern is with the teen-age group.

The varied activities of these agencies depend in considerable degree upon plant and physical facilities—buildings, gymnasia, tennis courts, athletic fields, and the like. During the war, expansion of such facilities and in lesser degree their normal repair and improvement, have been largely at a standstill. Many communities are now making plans to catch up. Los Angeles, for example, is conducting a countywide survey of its public and private recreation service to determine where to expand, and how. Richmond's city council has endorsed an expenditure of $2,280,000 for new swimming pools, neighborhood parks, and playgrounds. Such plans, while not primarily undertaken in the interest of the veteran, nevertheless have a direct bearing upon the leisure time resources available to him, as well as to the other citizens of the community.

A more immediate point is in the fac that many of these agencies, during th war years, have been adjacent to militar camps, or located in urban communitie with many servicemen in transit. Thei programs shifted substantially to mee these needs. Less emphasis was given t programs for a more or less permanen membership constituency. More stres was put on programs such as dances parties, and large social gatherings for th shifting non-membership group of service men and women. Especially for the pri vate agencies, this tended to reverse th prewar trend toward work with smal groups and the refinement of group worl skills and leadership in the programs fo this age group.

Generally speaking, also, over-all bud gets increased substantially. Some of thi increase was especially raised for service men's work, such as the USO. But ther were also increases in earned income an in community chest appropriation to th general budgets.

Now, as the serviceman returns hom a veteran, to find and take his place a a citizen of his home town, these agencie again have an opportunity to provid many services which will not only hel make that return more satisfying, bu which can assist him in some of his ad justments to civilian life. Realization o that opportunity, however, again will ca for a reorientation of program policie and a modification of procedures, in a probability along some such lines as th following:

1. *The development of smaller clu groups* in which the veteran can find substitute for the close personal associ tions which meant so much to him in th armed forces. Opinion, to date, seems t be that these should not be organize as veterans groups per se, but rather i terms of interests or friendships whic appeal to the veteran as an individua

2. *The development of skill in person counseling.* This will make it possib to identify vocational, employment, a justment, health, and other personal pro lems, and to make appropriate referra for service to the community agenci equipped to give the assistance neede

3. *Increase of co-recreational activiti* to a much greater extent than in prew years. One of the great lessons learn during the war was that organizatio exclusively for men and those exclusive for women could plan activities for mix groups jointly and serve their cons tuencies more effectively. With their r turn to civilian life, young people of bo sexes will be even more eager to se social opportunities together.

4. *Greater emphasis on outdoor recre tion* for the eighteen to twenty-five a

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roup of veterans (and non-veterans as ell). What is needed here is not only rganized athletics, but opportunities for utdoor sports of all kinds, such as skiing, wimming, overnight camping, and other ctivities in which men, women, and fami- es can all participate.

Vocational Guidance

Central to the issues involved in plan- ing both educational and employment ervices are certain characteristics of the roup of men now returning. Many of he younger men have never held a ci- ilian job. Others have held only un- killed jobs and are now hoping to im- rove their vocational status. In many espects, this has been a technician's war, nd many men have acquired skills which hey hope to utilize in some civilian em- loyment. Others have risen rapidly in he armed forces to positions of executive r leadership capacity. To a high propor- ion, the two, three, or four years spent n service brought personal maturity, but eft them, as far as civilian experience is oncerned, vocationally immature.

As educational and employment au- horities now recognize, all of this is lacing a high premium upon adequate acilities for educational and vocational uidance. Never before has there ever een such a concentrated demand for the omposite of vocational knowledge, apti- ude analysis, and interviewing skills re- uisite to this task.

Yet in most communities, few experi- nced people are available. Richmond appened to be an exception, for there he State Department of Education had or some years been operating a vocational linic under the name of the Richmond Consultation Service. As a state spon- ored service, this is, however, unique.

The Veterans Administration is now noving rapidly to fill this gap. It is etting up new counseling centers, re- ruiting, supervising, and interviewing ersonnel, and giving them short train- ng courses. In the next few months, it is xpected that several hundred people will e available from these courses. Because hese months will be the key months for ocational counseling, full use of the VA acilities is likely to be the best solution n many places.

Educational Services

The time factor, while important, is ess of an imperative in the development nd adaptation of local educational ser- ices to meet the veteran's needs. The eteran has two years in which to apply or his educational rights under the GI ill. On the other hand, this is strictly local—and state—responsibility. The eterans Administration will foot the ducational bill—or at least part of it, but it neither plans nor administers the educational services themselves.

Educational authorities are already finding that major adjustments in ordinary school and college programs are necessary in order to meet the veteran's special requirements. The need for these adjustments is stemming from three main facts: first, the veteran is now a mature adult; second, he wants to make up for lost time and get his education quickly; third, he wants his training pointed quite specifically towards a job or vocation.

At least four major guideposts are emerging that should be helpful to communities in adapting their educational services to these factors.

1. Teaching methods, texts, and procedures used for adolescents need to be revamped to meet the interests and prerequisites of more mature students.

2. Colleges, as well as high schools, must be more flexible in their entrance requirements in order to save the veteran from waste of time or courses that he does not want to take.

3. A wide range of local educational and training courses is necessary. The living allowance of the GI Bill ($50 per month) makes it more advantageous for the veteran to go to school in his home town than to incur the added expense of specialized education elsewhere.

4. Special attention should be given to the disabled veteran, including more complete records, individual guidance and counseling, and assurance of adequate health services. Local educational authorities need to plan his program in close cooperation with the Veterans Administration.

Employment Service

Planning for employment itself, the creation of job opportunities, involves an interwoven complex of factors, national and local, industry by industry, that lie quite outside the province of such a report as this—except perhaps to note that in the cities visited, industry was vigorously addressing itself to that problem.

Employment service to veterans, that is organized assistance to them in finding an opening and securing a job, is a different matter. Locally this service is now being rendered at two main points: first, by the U. S. Employment Service; and second, through the personnel departments of the larger corporations. In Richmond, the USES had registered 1,500 veterans for jobs, about 40 percent of those who have returned. For these 1,500, it had made 3,836 referrals, resulting in 2,811 placements, or an average of almost two placements to a man. From the time they leave the reception desk, veterans are handled by a special veterans division. The vocationally handicapped, and those with other placement problems are routed through the Selective Placement Division.

This reflects the essential nature of the employment service function. It can correlate information about current employment opportunities. It can provide a central point to which men looking for jobs can apply. Within that general role, the service's usefulness depends upon the quality of its contact with employers, its knowledge of their particular requirements, and its capacity to give individualized attention and service to each applicant. In Richmond, the USES stood well in all of these respects.

The first problem posed for industrial personnel departments stems from their legal responsibility for reemployment of employes who entered the services. Those visited in connection with this study had worked out systematic procedures for meeting this responsibility and had had sufficient experience to test its effectiveness. The key elements seemed to be: *first,* a careful and sympathetic personal interview at the central office, with full records available regarding previous employment experience, military service, and health; *second,* agreement with the veteran in respect to a particular job that was at least commensurate with, and if possible, of higher status than his previous one; *third,* personal introduction to his immediate supervisor or foreman; *fourth,* personal attention from the central office to any difficulties which he may have on the job itself. This may involve reassignment to another job or referral for service to some community agency.

In general, in the cities visited, there was evidence of considerable leadership in community planning for this type of employment service. Stimulation had been coming down from a variety of national sources, and local exchange of experience, under various auspices, was apparent.

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IV. Eliminating the Run-Around

FINALLY, IT IS NO GOOD for a community to plan for the extension or reorientation of its services unless it also makes sure that the veteran will get to them, if, as, and when he needs them. Channels of information and referral need to be organized so that he can be put in touch with the proper agencies promptly. Never before have communities been faced with a quite comparable problem. For never in such a short space of time have so many people needed intelligent direction to such a variety of specialized resources. Never have communities themselves been so aware of their own shortcomings in this particular respect.

Generally speaking, these shortcomings are most apparent in connection with the community's adjustment services. In most places, the veteran can get to the agency which can give him authoritative help in filing for claims and benefits, in one, or at most two, jumps. He can go directly to the office of the Veterans Administration; or if he is uncertain, he can go to the Veterans Information Center. From there, if his question cannot be answered, he will be referred to the Veterans Administration or to its representative.

Key Contact Agencies

If he wants employment assistance, he can go directly to the U. S. Employment Service. Or he may report to his Selective Service Board, or go to the Veterans Information Center to inquire about his job rights. From either of the latter places, he will probably be referred to his former employer or to the U. S. Employment Service.

His search for detailed information about educational or vocational courses or for vocational counseling may not be quite so simple. At present, the Information Center itself is apt to be his best source of information or advice. Or at least, it should be able to send him to the Veterans Administration Guidance Center or such advisory services as there are in the public schools or colleges.

But if he needs help in connection with any of the adjustment problems with which this report has been so largely concerned, confusion too often rules. This is partly because people, whether they be veterans or not, seldom realize that they need skilled assistance with their emotional or family difficulties. Sometimes they wait until some critical emergency has developed which compels them to seek professional advice. The complexity of the service set-up itself and a traditional lack of orderly referral channels also help produce confusion.

At present, five agencies are in early contact with a large proportion of veterans—the Selective Service Boards, the USES, the Veterans Administration, the Veterans Information Center, and the American Red Cross. All veterans are supposed to report to their local draft boards. The Veterans Administration is not only the authoritative source of information about claims and benefits, but the agency which files and processes them. Employment is one of the early major concerns of nearly all veterans. As already indicated, the Richmond USES had registered some 40 percent of those already back. The Veterans Information Center is usually well advertised and centrally located. In the three cities in which statistical data were collected, 50 to 75 percent of the returned servicemen are registered with it. Twenty-five percent of Richmond's veterans had registered with the Red Cross and 92 percent of these had gone there directly on their own initiative, that is, without being referred by other agencies.

There are also normal channels through which veterans as well as non-veterans might be referred to agencies equipped to diagnose and treat family and adjustment problems. Friends, neighbors, churches, schools, industrial personnel departments, and labor unions are points of natural contact from which persons needing help may be and often are referred to the welfare, health, and recreation agencies. The truth is, however, that in few communities have such points of contact been systematically organized for referral purposes.

Central Referral Spot

Therefore it would seem doubly important that, somewhere among the five agencies which have early contact with such a large proportion of veterans, real skill be developed in identification of adjustment difficulties and discriminating referral. The inherent nature of the functions of the Selective Service Boards, the USES, and the Veterans Administration prevent them from becoming a natural repository for this job.

The veteran is supposed to "report" to the Selective Service Board, but its principal responsibility is to see that employers live up to their legal obligation to give him back his previous job. The U. S. Employment Service is concerned primarily with helping him find a job. In Richmond, an alert employment service had referred a total of 774 veterans to other agencies for services, most of them to the Veterans Administration. But the limitations hold for the Veterans Administration, itself. Men go to it for particular or specific assistance, to exercise rights which are defined with reasonable precision and clarity.

The Veterans Information Center and the Red Cross, however, are in a different position. The most common concept of the center's function is that it should be the repository of information about all available community service that any veteran may need. The Red Cross, through its home service section is a casework agency, which by definition presumes particular skill in identifying personal and family difficulties as well as an intimate familiarity with the community's other casework, mental hygiene, health, and group work resources.

The Veterans Information Center

Reports from the country over, however, indicate that relatively few centers are serving as effective channels of referral for those veterans who need assistance in connection with personal and family difficulties. Eventually, these men and their families are finding their way to some social agency, but in about the same fashion as the civilian population—that is, to a considerable degree, by happenstance and after a good deal of trial and error. These reports of the general situation were borne out in two of the three cities where detailed data were procured for this report. While in all three about 15 percent of the veterans had been assisted by some social agency, in Dayton and Richmond only about 4 percent had gone to the agency as a result of referral from the center. In Norfolk, however, the contrary was true. Here, for many of the agencies, the center had been the principal source of their veteran clientele. Roughly, about 15 percent of the men registering with it had been referred for agency service.

Not only in these three cities but elsewhere, the centers are handling a large volume of requests for general information—claims, pensions, service insurance, loans; business assistance, employment, education, and training. In some instances, a good deal of this information is given by the staff of the center itself. In others, representatives from the Veterans Administration, the U. S. Employment Service, the Red Cross, or certain of the other agencies have desks in the center, and requests are easily referred. The tendency in many cities has been for the center to specialize in referral to the federal agencies. A high proportion of the veteran's first inquiries are about matters

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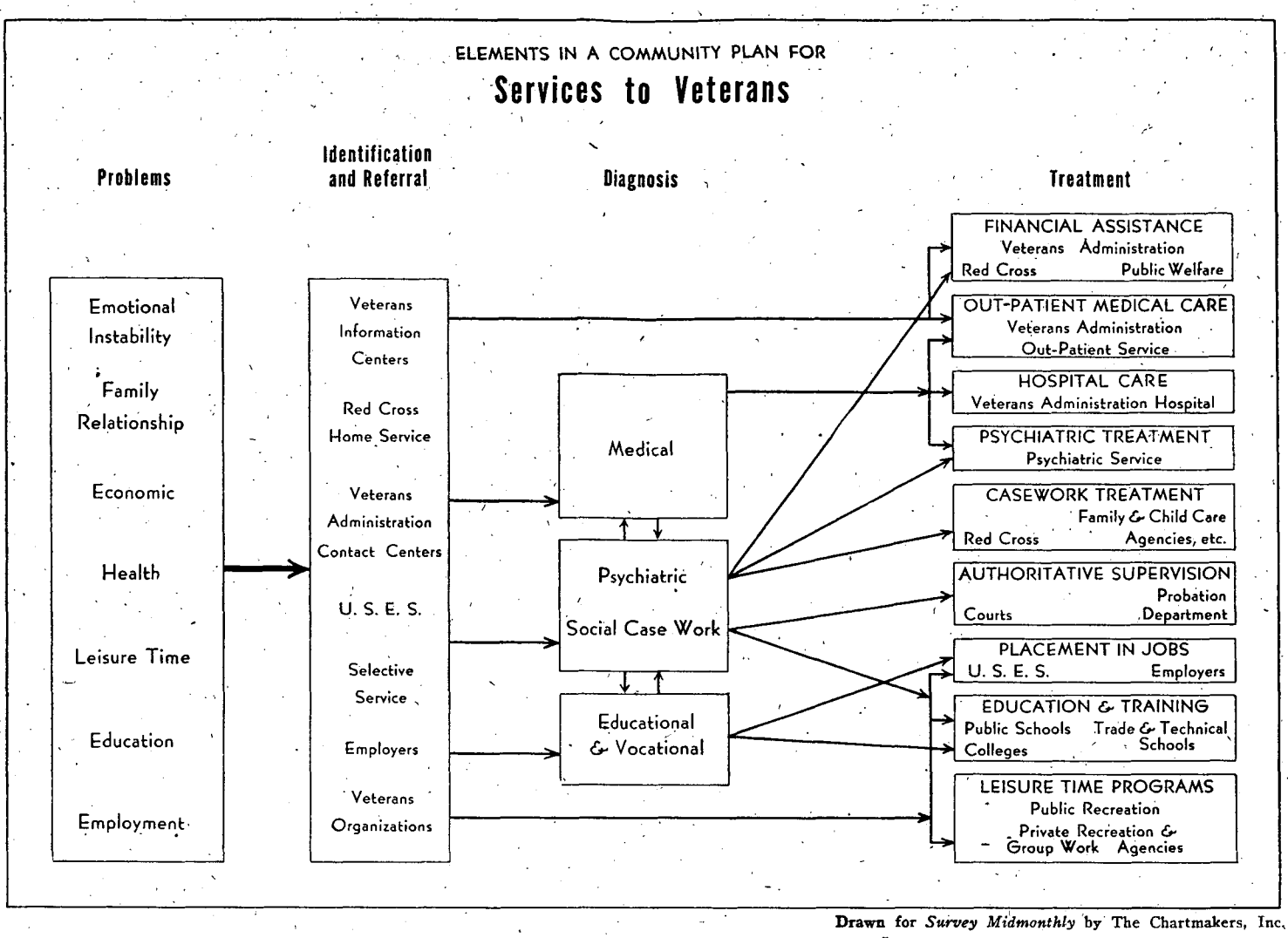

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in their province, and the center's staff can have precise information about these agencies easily available.

The Norfolk center differed from the other two cities in one important respect, and in this difference lies the principal reason for the effective role which it was playing in identification of problems and referral of the men needing service. On its staff were two general counselors, one of whom was the associate director who had had thorough training and wide social service experience. In addition, a caseworker from the Red Cross was continuously on duty. In their interviews about the veterans' immediate concerns, these workers were quick to sense emotional disturbances, vocational uncertainties, difficulties with a wife or in-laws, and other problems. Often they themselves could give immediate advice or help which would put the veteran on the right track, in much the same manner as does the intake interviewer in any well-organized casework agency. But in many other instances, skillfully conducted conferences would reveal perplexing problems and ultimately result in the veteran's willingness to go to an appropriate agency for longer and more specialized assistance. It seems clear that only as centers throughout the country are staffed with personnel of comparable competence, can they come to occupy a key role in the orderly direction of veterans to the community agencies equipped to help with such problems.

The Red Cross

Because of large numbers of servicemen's families being served by the Red Cross while their men were still in service, because of the activities of its own representatives with the armed forces, and because of its general position in the public mind, the Red Cross is apt to be the one social agency of which the veteran has some knowledge. As a result, many more veterans have gone to it for assistance than to any other service source.

The Richmond Red Cross policy regarding referrals to other agencies was broader than was true of the Dayton Red Cross last summer. Altogether, the Richmond agency had referred 23 percent of its veterans for other types of service. About half of these were serious adjustment cases which had been referred mainly to other casework agencies. Through June, the Dayton agency had referred only 5 percent of its veteran cases to other agencies. Reports from other centers indicate that in general the Red Cross is not yet playing an important role in channeling veterans problems to other community services.

Basically, it seems to us, this is because few communities have made the key policy decision referred to in the preceding section: Whether or not the Red Cross is to be the community agency primarily responsible for a high quality of generalized diagnostic treatment service to the veterans and their families whose adjustment difficulties are serious and complicated. If the Red Cross assumes this responsibility, one may anticipate relatively few outgoing referrals, except for specialized and supplemental service. If other agencies are designated for this responsibility, the flow of referrals from the Red Cross should increase. Relationship with the other agencies should be so worked out as to make the Red Cross a key unit in the community's information and referral set-up.

One major advantage which would result from such a policy was clear in the two cities where special studies were made. In most of the veterans cases served by the other agencies, the family's difficulties were in a serious or advanced stage. There had been a considerable time

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lag between the veteran's discharge and the family's application to the agency. The reverse was true with the Red Cross cases. Veterans had applied at a much earlier stage in the development of their problems. In any city, intelligent referral, at this point, for complete casework and psychiatric service would be an important contribution to the prevention of more serious difficulties.

Social Diagnosis

Equipping contact agencies for more skillful identification and referral is only the first step towards insuring the veteran's rapid access to the services which he actually needs. Two other steps logically follow: making available facilities for complete social diagnosis, and arranging for follow-up treatment. Towards both, certain obstacles stemming from the organizational manner in which our services have grown up, must be overcome in many communities. Chief among these is the lack of coordination of specialized agencies.

The adjustment problems of the veteran are all of one piece. He may be emotionally disturbed, having trouble with his wife, looking for temporary care for his children, uncertain whether to take vocational training or find a job immediately, missing very badly the security and comfort of his buddies in his old army unit. He may not have all of these problems at once, but he is more than apt to have some combination of problems that are inter-related. The most helpful referral would be to an agency that could talk all these things over with him, make a study of his capacities and resources, analyze the real rather than the apparent difficulties, and work out the best possible plan for meeting all of them—in other words, give him the benefit of a complete, generalized social diagnosis.

But the trouble is that the agency equipped to make a psychiatric diagnosis is apt to be in one place; the society able to unravel the tangle with his wife in another; the agency which could plan care for his children in still another; an organization which could analyze his needs for social companionship somewhere else; and so on. If he is referred to one of these places, he will get help with one part of his difficulty. But there is likelihood that the rest of his problem will be overlooked or neglected, unless, of course, he is again referred to some of the other agencies. Even if he is, no one is likely to see all of his difficulties together and in relation to each other, which is the way, unfortunately, they are for him.

It is by no means impossible for communities to overcome this obstacle once the nature of the problem is clearly recognized. Indeed, in recent years, many have been working persistently in different ways to overcome it. Intrinsically, that is what is behind the trend toward agency consolidation, toward the use of skilled social diagnosticians as intake interviewers, toward more clear cut functional agreements and arrangements, toward the more frequent use of representative case conferences and clinical discussions.

Recognition of the complexities of the present situation seems to us to underscore the need for skill and broad understanding on the part of those persons who are referring veterans for social adjustment service. It also seems to us to point to the desirability of identifying the agency or agencies best equipped to make a complete social diagnosis, so that early referral can be made on a high proportion of the adjustment cases. Agencies equipped for such a job will vary in each community. Usually they will be the generalized family casework agencies, particularly if psychiatric consultation is part of their equipment.

Social Treatment

The third step is the arrangement for the continuing service or treatment which a good diagnosis shows to be needed. If what the veteran really needs is one or two immediate, specific services which will ease a temporary tension or tide over an immediate difficulty, it may be necessary to make one more referral to the agency equipped to give that assistance. If there are a number of problems, it is more a matter of arranging for generalized casework help, quite possibly by the agency making the over-all diagnosis. Under this agency's auspices, arrangements can be made for the specialized services that may be needed. Most urban communities have a battery of such services upon which the caseworker can call, always provided, of course, that clear and cooperative relationships have been established. These include medical and nursing service from the clinics, hospitals and nursing agencies; care for children in foster homes from the children's agencies; employment assistance from the U. S. Employment Service, and the like. These specialized tools, effectively coordinated, can really treat the problems of a veteran and his family as a whole.

In a spirit of deep humility, we conclude this report. Ever must one bow to youth—to its courage, enthusiasms, innate honesty and simplicity of vision, uncluttered by the cobwebs of pride and prejudice and vested interest. The youth of this generation are now returning to make up, as best they can, for some of the privileges and opportunities which they know they are in danger of losing. Some are battle scarred. All have been through experiences with which only youth can cope.

But vividly during these months, has it been brought home to us that all of our young men and women are very human. The "veteran" deserves better than to be treated as an emotional symbol. He deserves intelligent and discriminating treatment as a precious human personality. America should be his now, as inevitably it will be in the not too distant years ahead. The job of his home town is not merely to "welcome" him but to ease his entrance to its very life so that he may indeed "take over."

FROM VETERAN TO CIVILIAN

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